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LECTURES

ON SOME

DISEASES OF THE SKIN,

DELIVERED AT THE HÔPITAL ST. LOUIS,

BY BARON ALIBERT.

ERYTHEMA.

Erythema spontaneum of Sauvages — Erysipelas suffusum of Duret—Erythema volans of Tulpius.

In this we have an eczema, which manifests itself on one or more parts of the integument by elevations, red, inflamed, circumscribed, more or less extended, more or less superficial, generally terminating by desquamations or slight furfurations of the epidermis. There sometimes supervene excoriations, and even ulcerations of the skin. It comprises several species, which it is important to distinguish.

First,—The spontaneous erythema (erythema spontaneum), readily recognised by the red colour of the skin, (disappearing on pressure,) and by the heat and itching. It terminates in resolution with epidermic exfoliation.

Second,—The epidemic erythema.—This epidemic prevailed here about two years since, and has been especially noticed at the Hôpital St. Louis. It shows itself principally by burning itchings, and a very inconvenient sensation of creeping in the feet and hands. In certain cases the skin is red, as if it had been exposed to the action of heat; and in others it is blackish, as if it had been covered with a layer of soot. The epidermis exfoliates visibly, or presents vesications. M. Robert of Marseilles affirms, that we have received this malady from the Antilles. Several physicians have observed it also in India.

Third,—The endemic erythema. After much reflection I have determined to place the *pelagra* of Lombardy amongst the erythemata. This malady, it is true, takes on a multitude of epiphenomena, which render it extremely eccentric, but its special character is a cutaneous inflammation, more or less intense, which results from the action of the solar rays on individuals enfeebled by deficient nourishment or by food of bad quality. A more detailed description of this erythema will confirm our assertion.

Fourth,—Erythema intertrigo.—The inflammation induced by the friction of two living parts on each other is thus designated. The presence of acrid matter readily produces it. It is especially prevalent in the thighs of little children not carefully cleaned, and too long bound up in wet and dirty napkins.

Fifth,—Erythema pacatrima.—This species deserves attention. Nosologists form two varieties of it, the palmar and coccygeian. Both are the ordinary result of continued compression, exercised on the same parts, and they are of importance to study, from their frequent occurrence in practice.

Sixth,—Erythema pernio, commonly called *chilblain.*—This is an inflammatory tumefaction of the mucous tissue of the skin, of a deep-red colour, capable of occurring on all parts of the body, but especially the hands and feet, the nose and ears. Excessive cold is known to produce on the skin an irritation bearing a strong analogy to that caused by fire, and which the Latin writers express by the words "*frigus urit.*"

Seventh,—Erythema by adustion.—This erythema deserves a place in our nosological tables. It is the result of the immediate application of too great a quantity of caloric, or a too strong concentration of this extraordinary agent, on one or more parts of the integument. It attacks all its tissues, but its most usual effect is the separation of the mucous substance from the epidermis, a circumstance which occasions intense pain to the part affected.

General View of the Genus and its Species.

All the modifications of erythema have not hitherto been deeply investigated. The affection, nevertheless, should be

studied in all its forms, since it constitutes the rudiment, the prototype, of all the inflammatory affections of the human body. Cullen, who revived the doctrines of Hoffman with such effect, in the celebrated school of Edinburgh, always introduced his erudite lectures by the fundamental exposition of all the phenomena which attach themselves to this morbid alteration. Caloric, which disobeys the laws of a moderating organism, becomes for the animal economy an instrument of destruction and death. Almost all the diseases reputed to be inflammatory are erythemata, the development of which is more or less accomplished.

Species 1.—*Spontaneous Erythema.*

We sometimes receive at St. Louis individuals whose skin is marked by spots or patches of a red colour, more or less decided, as if the skin had been struck by the rays of an ardent sun. The spots or patches show themselves on the back of the hands, the face, the chest, often on the lower extremities; they may supervene alternately or simultaneously on several parts of the body, and they leave between them intervals where the integument is perfectly sound and natural.

These individuals experience slight pricklings, analogous to those which the application of an acrid or saline solution would occasion on an open wound. Sometimes it is a feeling of uneasiness and stiffness, a sort of creeping, and a kind of effort or *labour* in the part affected. Sometimes the patients believe themselves stung by certain venomous insects, such as bees, wasps, gnats, &c. When feverishness supervenes, the eyes are injected, especially close to the caruncular lacrymales. The head suffers from a gravitating pain. Some complain of a kind of pain between the shoulders. Sleep is prevented by the burning sensation on the skin. When the erythema has arrived at its highest degree, the skin is swollen, tense, and shining. When abated, the skin falls in, wrinkles, and cracks, and takes on a violet, bluish, or sometimes a yellow tint. The epidermis dries and exfoliates slightly; but it soon grows again, and everything returns to its normal state. The malady is sometimes chronic, sometimes acute.

My pupils will find in the fine work of the late Willan, several varieties of erythema, which I consider it superfluous to reproduce. The species I have established are, as will be seen, of a very different degree of importance. Thus, the English author points out, under the name of *papulous* erythema (erythema papulatum), that the elevations of this are of very small dimensions, and project but very little above the surface of the skin. The *tuberculous* erythema presents harder, sounder, and more decided eminences.

Lastly, it is said that the erythema is knotty (erythema *nodosum*), when the skin is as if armed with little and rather rude asperities, which give to the touch the sensation of knots. Were we discussing varieties, I think we might point out with equal propriety, the mamellate, or erythema *mamellatum*. After general lassitude and febrile excitement, the skin reddens, and oval swellings appear, of unequal size, and shaped nearly like the mammary glands. One might imagine cupping-glasses had been applied. Analogous tumours appear beside the others. While the latter increase in size and redness, the former collapse and grow pale without disappearing entirely. It is evident that they extend to the subcutaneous cellular tissue. They are painful on pressure, and occasion a burning sensation.

Some erythemata occur in a periodical form. I should not forget the case of a literary person I once attended. He was regularly attacked twice a year, in spring and autumn, with a very extraordinary erythematous affection. The skin of his entire body grew suddenly red all over; all his blood seemed in a state of effervescence; his face was especially coloured. He complained of itchings, which preceded by some days a universal desquamation. Despite these reiterated sufferings, the patient was habitually gay and jovial. I recollect that he took a great deal of trouble in having his portrait executed on a fragment of his epidermis, a quantity of which had been tanned for the purpose. He used to employ it, too, to write songs and verses on, instead of paper.

Species 2.—*Epidemic Erythema, or Acrodyne.*

During the year 1828, we received at the Hôpital Saint Louis, a great number of individuals of both sexes, who inhabited different quarters of Paris. These individuals were attacked with an erythematous swelling of the hands and feet. They experienced a creeping sensation, pricklings, and pulsatile dartings, in every respect analogous to those which supervene after a considerable burn. We learned at the same time, that this singular affection was epidemic in Paris, that it first showed itself in the Infirmary of Maria Theresa, at the Hôpital de la Charité, at the Hotel Dieu, and in the various barracks, with symptoms of variable severity. Several physicians eagerly undertook its description. What has been published on the subject by MM. Miguel, Chomel, Cayol,

Recamier, Bally, Chardon, &c., may be carefully read, since these writers have attentively observed the phenomena before them. For my part, placed in an hospital specially destined for diseases of the skin, it was my duty to direct my chief attention to the particular character of this erythema, the chief seat of which was in the hands and soles of the feet, and to study connectedly the phenomena of the vesicles or phlyctenæ, as well as of the successive desquamations of the epidermis, which took place at the joints, and almost on all parts of the body. In this study we were facilitated by the circumstance of the patients who were most prominently affected in the skin, being principally sent to the Hôpital St. Louis.

Several of these patients had at the extremities ampullæ, or bells, filled with a limpid and reddish serum. This once discharged, the cuticle soon exfoliated, and fell off in plates of more or less considerable size. Those of the hands were resolved into dry and furfuraceous scales, while plates of extreme thickness were separated frequently from the feet. Among other patients we received a hawker, whose heels were horny, and hard as marble, and whose legs, from the calves down, were as if encased in half-boots.

These patients, moreover, presented externally all the phenomena of erythema. Inflamed zones of a purple or violet red were perceived here and there on several parts of the skin, particularly on the thighs, legs, feet, arms, forearms, and hands. But what peculiarly attracted our notice in the majority of the persons attacked with the epidemic, was the black and fuliginous colour which the surface of the integuments presented, especially on the abdomen, on the chest, under the axillæ, and on the breasts. The case of a female has been quoted, the tip of whose nipple, perfectly blackened, lost in a few days this species of sable head dress, the form of which was absolutely that of the cupula which envelopes the petiolar extremity of the acorn. Almost all the individuals who came to seek our assistance, had the complexion of sweeps. Some of them had the body so much of a soot colour, that the illusion was complete. There were even parts of the body, occasionally, which, less tinted than the others, seemed as if the soot had been artificially wiped off, and they had been covered with cobwebs. When these earthy-like patches were scratched, the cuticle was reduced to a farinaceous matter. Not only was the skin blackened by this affection, but in some persons it was dried and rendered horny, as if it had been baked. An old woman came to my clinical lectures whose hands were as if torrefied and roasted by the erythema. She resembled a mummy. Her eyes were surrounded by a black circle. The skin of the rest of the body was of a fuliginous aspect, and, in some parts, of the colour of lees of wine. Did we trace all that patients suffered from this disease, we should have a long narrative to tell. Their feet were struck with such a numbness, that they were obliged to be supported, or almost dragged along, as they walked. They experienced the same difficulty when they attempted to move the fingers. Their hands and arms were agitated by an involuntary trembling. The vivacity of the pain was such, that one of the patients imagined that his nails were being torn off with hooks. This singular epidemic offered other and not less afflicting symptoms. There supervened vomiting, purging, strangurics, suffocating and convulsive cough, irritations of the palpebral conjunctivæ, sudden blindness, &c. The colics, above all, were so torturing, that many did not scruple to compare this horrible disease to the ergotism or to the cholera morbus.

Species 3.—*The Endemic Erythema, or Pelagra of Lombardy (Dermategia of Titius—Mal de Misère of Vacari—Alpine Scurvy of Odoardi)*

The pelagra is a chronic erythema of the exterior integument, which ordinarily shows itself towards the end of winter or commencement of spring. It attacks almost exclusively the villagers who labour in the sun, and who drag on a life of hardship amidst misery and fatigue. This affection recurs annually at the same epoch, and lasts through the term of life, the individual affected exposes himself constantly to the same influences. The pelagrous erythema was first observed in the Milanese district, and was thought to be endemic in that country, but it was soon afterwards discovered in Piedmont and the Venetian territory. It appeared, moreover, that the disease extended its ravages farther than was at first believed. M. Baniva affirms, that it is frequently known to cross the Alps, and a pupil of that Professor discovered a pelagrous cretin in the valley of Saint Jean de Maurienne. Dr. Careni believes he met it three times in Vienna. After the war of 1814, two soldiers, attacked with this eruption, arrived in Paris, and through the attention of M. Hisson, one of them attended at my clinical lectures.

The erythema commences in this manner towards the end of February and at the beginning of March, when the peasants leave their huts to resume field labour, some of them become annoyed by

itchings of variable intensity at the anterior part of the neck, at the sternal region, but especially in the feet, and on the hands and face: the skin reddens, and a slight erythema occurs, which, towards the ninth or tenth day, is followed by desquamation. If, however, the patient wear shoes, and his chest is so covered as to exclude the sun's rays, then the pelagrous affection is confined to the back of the hands. The erythema is, besides, accompanied by intense itchiness; blisters form, filled with a yellowish serosity, which never takes on the character of "laudable" pus; they break, and blackish crusts arise, which adhere a long time, and are repeatedly renewed. However superficial may be the disease, it does not disappear until the end of autumn. As winter approaches the skin is regenerated; but in consequence of its previous alteration, it remains for a long time dirty, and as if covered with varnish. Next year the disease recurs in all its phenomena. There is, moreover, a variety called the "salsedine," less subordinate to the power of the seasons, and having no fixed time for its development. It derives this name from the muriatic taste the patients perceive in their mouths, particularly in the mornings as they awake. The eyelids and nostrils are also affected with a discharge of acrid serum. Diarrhœal fluxes supervene. The urine becomes pale and fetid; the sweat, especially, has a particular odour, somewhat like mouldy bread or putrid silk-worms. Soler states that the hair acquires in this disease a reddish colour, as if it had been singed, and it becomes thin and woolly, and falls out spontaneously.

The pelagra is especially characterized by nervous accidents. The patients are assailed by syncope, by cramps, by muscular spasms of the lower jaw. Particular mention has been made of a convulsive impulse, which impels the patients to move forward with precipitation in a right line, being unable to stop by the force of volition, or to turn to one side or the other. In this state they endeavour to lean on the walls or trees they find in their course. Some of them remain constantly immoveable, others are remarked to be subject to continual tremblings of all their limbs. It is not rare to find the disease followed by a chronic delirium, often even by the most gloomy melancholy. Some patients commit suicide in this state, as in the instance of one who cut his throat in the commune of Piossasco. The history has been published in some scientific journals of a fanatic named Mateo Lovat, a native of the highlands of the Venetian States, who made various attempts to nail one of his hands to a cross he had constructed, in order to commit suicide after the manner of the crucifixion of Christ. Many, we may add, in this aberration of reason, seek to precipitate themselves into the rivers, a dreadful tendency which Strambio has called the "hydromania." Can this tendency arise from the burning sensation experienced in all parts of the body, especially in those exposed to the rays of an ardent sun?*

Species 4.—Erythema Intertrigo.

The erythema produced by the friction of the thighs in walking is thus designated. It takes place chiefly in individuals of too considerable plumpness, in little children neglected in the necessary attention to cleanliness, and too long kept wrapped in their napkins. In more advanced age, the emission of urine sometimes suffices to produce this result; persons thus, who have paralysed bladders, frequently suffer from this affection.

We must not confound it, however, with certain herpetic diseases occupying the same seat. Here we have a mere local eczema to deal with. It is at first but little intense, and only gives notice of its existence by a slight itching, which soon increases, and induces the patients to apply their hands involuntarily to the parts affected, and sometimes to scratch until the skin is deeply excoriated. The intertrigo often produces a sensation like the pricking of a needle. These symptoms diminish for a few hours, but soon recommence, especially during the night. In men the scrotum becomes wrinkled, and the labia majora also in women. On the affected parts the nails occasion chinks and fissures. The skin exhales a rancid odour, and the venereal passions seem to be peculiarly excited.

Species 5.—Erythema Paratrima.

This species has two varieties, the palmar and coccygeal. The first is a disease to which little attention has been paid, but which, nevertheless, under some circumstances, is a source of torment to persons habitually engaged in touching hard substances or mechanical instruments. The majority of them complain of intense heat, and a sensation quite analogous to that of burning. A grocer, whom we treated at Saint Louis, had contracted a serious disease of this kind, by handling irritating substances. He was tormented

* Rayer describes as an additional and characteristic symptom of pelagra, a burning pain in the head and spine, which subsequently extends to the rest of the body, and fixes itself principally in the soles of the feet.—Ed. L.

with violent itching of the palms of the hands, and he, moreover, experienced the bad effects of chronic inflammation. Retraction of the flexor tendons of the fingers in both hands, had successively taken place, with a callous hardening of the investing skin. The sheaths of the tendons refused their office, and adhered completely throughout. This affection has been frequently met with. It is of an alarming character, and is worthy of much practical attention. The coccygeal paratrima is, as is known, inflammation more or less acute of the mucous substance of the skin, dependent on the compression of too prolonged a *decubitus*. It is an accident common in hospitals, attacking scorbutic, typhoid, and adynamic patients. It is aggravated by the nature of the maladies of which it is the sad result, and often terminates in gangrenous degeneration. A man who had remained ten years on his back at the Hospice des Incurables became maniacal. All the back of his body became covered with ecchymoses and erythematous patches. The pain was terrible, and he could obtain no sleep. For the remainder of his existence he lived in the most dreadful torture.

LECTURES ON SURGERY,

DELIVERED BY

MR. WARDROP.

ON SURGICAL OPERATIONS.

Utility of Syncope during and after Operations—Accession of Inflammatory Symptoms—Importance of Bleeding from the Wound—Venesection, Calomel, Opium, Antimony, and Colchicum—Secondary Hemorrhage—Treatment of the Wound—Diet—Pernicious Effect of improper Food.

Having in the two last lectures endeavoured to point out the various circumstances which require attention previous to performing surgical operations, more particularly certain varieties of constitutions, differences of temperament, of age, of season, and states of the atmosphere; and having also endeavoured to point out the treatment necessary previous to the performance of operations, as well as the modes of conducting them, I have to consider the system of treatment which ought to be employed *after* operations have been effected.

Effects of Syncope.—After an operation it is of great consequence to place the patient under circumstances where he may enjoy the most perfect tranquillity and uninterrupted sleep. It is a common practice to give wine and such-like cordials, with a view to relieve the state of syncope or depression which usually occurs during the performance of, or which follows, operations; but I would recommend you not to have recourse to those measures, and rather to consider such state of collapse favourable to the future recovery of the patient, as nothing will contribute more towards preventing the accession of any febrile symptoms. Of late years, particularly, I have strictly followed this practice,—a practice, it must be admitted, very opposite to that usually pursued; for, generally, when a patient becomes faint during an operation, not only is wine given, but the surgeon does not even proceed with the operation until the patient recovers from the syncope, or when syncope comes on after the operation, then it is the custom freely to give wine until the vital powers are restored. Instead of following these rules, you ought to take advantage of the *insensibility* of the patient in a state of syncope, and of the parts not being gorged with blood, to hasten with the operation, and, as has already been said, instead of using artificial means to restore the heart's action when syncope succeeds an operation, the longer that state is protracted the greater will be the check given to the occurrence of subsequent inflammation.

Inflammatory Symptoms.—There are different classes of symptoms which may come on after an operation, and which, if not subdued, may either protract the cure, cause the complete failure of the operation, or even destroy life itself. An inflamed state of the wound, accompanied by fever, is by far the most usual and the most dangerous state which can follow an operation; for which reason I shall first direct your attention to this subject.

It will be generally found, that within the first twenty-four hours, and often in even a shorter time, a very correct estimate may be formed of the probable degree of violence of the febrile attack which is likely to come on after an operation. It has been observed by Dupuytren, the most celebrated surgeon of our time, that of all those who died at the Hôtel Dieu after operations, the majority perished in consequence of inflammation of an internal organ; sometimes two, three, or even four organs, having been thus affected in the same individual.

Bleeding from the Wound.—Nothing will tend so much to diminish this inflammatory disposition as attention to those

precautions which have already been pointed out as requisite in the *previous treatment* of the patient; and it will be seldom found in those cases in which the wound made during the operation has bled freely, that there is much subsequent inflammation. Hence, it may be observed as a general maxim, that those who lose most blood during operations, have the least subsequent fever, and with them the wounds heal most speedily.

It is indeed extraordinary the quantity of blood which a person in health may lose with impunity at one time; hence, after the syncope which follows an operation has passed away, the patient who has lost an immense quantity of blood often seems not to suffer from it in any way. This observation is strikingly exemplified in the field of battle; and it was remarked of the wounded soldiers at the conflict at Waterloo, that many who had been left on the field until the third and even fourth day after that memorable battle, from being supposed to be either dead or in a hopeless condition, recovered much more rapidly than those who were first received into the hospitals. This could only have arisen from the great loss of blood, and the want of food to which they were exposed for so long a period after they were wounded, which, if it did not prevent the accession of inflammation, at least rendered it mild and harmless.

Case.—On operating on a fat and gouty patient for the *stone*, after the urine had gushed from the wound, and the stone was removed, a profuse stream of dark venous blood continued to flow from the wound, and the stream was so large, continued so long, and was followed with such a degree of syncope, that I became alarmed. As, however, there appeared to me no local means to be employed to stop a bleeding from numerous large veins so likely as the syncope produced by the loss of blood, I used no means to restore the heart's action. At last the hemorrhage gradually decreased, but the patient remained in a faint state for many hours, and for several days in extreme debility, no cordials being administered; but the wound healed with rapidity, and the ultimate recovery of this patient was unusually rapid.

Case.—Some time ago I assisted Mr. Lawrence in removing an enormous tumour attached to the nates of a female. From the extensive surface of the wound, and the profuse bleeding from the divided vessels, this patient lost an immense quantity of blood, and she was taken to bed in a state of extreme exhaustion. The edges of the wound were stitched together, but no dressing was applied, and it was thought prudent to leave her quiet, and give her nothing but a large dose of opium. She remained in a very debilitated state, and it was not until the following day that she was able even to have her clothes changed. The effect of this excessive depletion was, that the whole of the enormous wound healed by adhesion, and she was well enough to leave London on the fifteenth day after the operation.

Case.—I removed one-half of the lower jaw from a young woman of a delicate frame, and it was estimated that she lost not less than *three pounds* of blood during the operation. The effect of this great depletion was, that scarcely any feverish symptoms supervened, and almost the whole wound healed by adhesion, the girl leaving the hospital on the thirteenth day after the operation.

Case.—A gentleman received a compound dislocation of the ancle joint, in order to reduce which, the surgeon thought it necessary to produce a state of fainting, and accordingly bled him at the arm. The operator removed not less than three and a half pounds of blood, the effect of which was not only to enable the dislocation to be reduced with facility, but the loss of so much blood completely prevented any subsequent inflammation of the wound or severely injured parts.

There is a circumstance regarding the operation for *cataract*, which may be noticed here, as it illustrates the foregoing remarks. In extracting a cataract, it is well known that there is never any loss of blood from the wound, which circumstance is probably the cause of there being always more or less subsequent inflammation, and therefore that operation is seldom performed, without its being necessary to remove some blood from the patient afterwards.

If, therefore, so much benefit is derived from a comparatively large quantity of blood being lost during operations, and if, also, the state of syncope or collapse equally contributes to prevent the accession of inflammatory symptoms, both the bleeding from the wound, and the occurrence of syncope, ought certainly to be regarded as auxiliaries to success. The syncope which takes place both during and after operations, has never, as far as I know of, been attended in any instance with bad effect, and therefore a patient ought not, by the admission of fresh air, or the exhibition of cordials, to be too hastily roused out of that state. Neither ought the bleeding from the wound to be stopped, until a considerable quantity of blood has been abstracted, except only

when vessels of considerable magnitude have been divided, or the patient, previous to the operation has been in a state which makes it of importance that much blood should not be lost.

Besides the advantages to be derived, from allowing the wound to bleed freely, in preventing the accession of inflammatory symptoms, the circumstance of not considering it necessary to place ligatures on every vessel the moment it is divided during an operation, enables it to be performed much more quickly; and I have often been surprised, after a tumour has been removed, such as a scirrhous mamma, to find so few arteries requiring ligatures, when during the operation the hemorrhage was very profuse. This arises both from the circumstance of branches from the same trunk being divided repeatedly during the operation, and from the natural efforts to stop bleeding being sufficient to arrest the flow of blood through vessels even of considerable magnitude.

Case.—I might quote many cases to illustrate these observations, but you have an opportunity of seeing the good effects of allowing wounds to bleed freely, in a patient in the Hospital of Surgery, whose penis was amputated. Instead of placing ligatures on all the bleeding vessels, they were applied only on two of those of the integuments which bled most freely, the arteries of the cavernous bodies having been left untouched. No catheter was introduced into the urethra, as is usually recommended, nor was any dressing, not even a bit of lint, applied to the wound. The consequence has been, that there was a considerable oozing of blood for some hours after the operation, and a very profuse bleeding during the night; several small bleedings subsequently took place. The effect of these repeated hemorrhages has been, that the patient has not experienced the slightest degree of pain since the operation, the urine has flowed with the greatest facility, and the skin surrounding the wound has neither swelled nor inflamed in the slightest degree.

I have no doubt, that if in this patient the usual plasters and bandages had been employed, with the other means commonly taken to put a stop to hemorrhage, he would have suffered from severe inflammation and fever. It may be also noticed here, that in cases where the wounded vessels are not tied or compressed, that they give way on the accession of any inflammation, and by thus allowing a quantity of blood to be poured out, the violence of the attack is abated.

The effects to be anticipated from thus at once checking all inflammatory action, is not only to prevent the accession of inflammation of any vital organ, but to secure the process of adhesion, or to get the wound to heal, as it is usually called, by the "first intention," when that is desirable.

It is well known, that the less the inflammation which attacks a wound is, the more certain are the edges of that wound to adhere by the "first intention." On the other hand, when inflammation even to a trifling extent attacks a wound, such as that made in the operation for hare-lip, or for the excision of a cancerous lip, union is thereby greatly prevented, and ulceration takes place. Hence it was, that in the cases just mentioned, the absence of inflammation favoured the immediate adhesion and ultimate union of the divided integuments.

It has already been observed, that operations on children and on the aged are more successful than when performed on persons in the bloom of life. This remark applies to those operations, in which, to render them successful, it is essential that the wound should adhere by the first intention, and hence it will usually be observed, that wounds made in children and aged people, are followed by much less inflammation than on persons at any other period of life.

Often, however, it happens, that a patient may have lost a considerable quantity of blood during an operation, and have undergone a rigorous previous treatment, and still inflammatory symptoms do supervene, which can only be relieved by an active system of treatment. This treatment consists chiefly in bleeding, purging, and the exhibition of the *tartrate* of *antimony* or *mercury*.

Venesection.—In the adoption of venesection, you are to be guided by the local pain, and by the state of the pulse and skin. There is often a local pain after an operation, which is not of an inflammatory type, and which may be relieved by a full dose of opium, but whenever, along with the pain, the pulse becomes strong and full, then venesection ought to be employed.

While endeavouring to point out the general rules for abstracting blood, I shall particularly dwell on the symptoms which ought to guide you in estimating the quantity to be removed. Suffice it now to observe, that when it is necessary to have recourse to bleeding after an operation, the first bleeding ought invariably to be carried to the full extent, by which, let it be understood, that the blood should be allowed to flow, not only until the pulse is reduced, but until it is imperceptible at the wrist, or until syncope takes place.

Bleedings are more apt to be made too small than too large, but by adopting the general rule of bleeding largely at first, you will often prevent the necessity of repeated small bleedings; when, however, the *first* bleeding has not been sufficient completely to check the progress of the inflammatory symptoms, an early repetition of it becomes particularly necessary, and by thus at once arresting the progress of the disease, the abstraction of a much less quantity of blood is sufficient, than would be required if the inflammatory affection were allowed to advance.

Purgatives.—It has already been observed, how necessary it is completely to evacuate the alimentary canal before the performance of an operation. It becomes equally requisite to pay strict attention to the evacuation of the bowels after an operation has been performed, and during the whole progress of the cure. Whenever there is any accession, or any increase, of febrile symptoms after an operation, always examine into the state of the *primæ viæ*, where, generally, the cause of the disturbance will be found. It often happens, that without any febrile symptoms the wound becomes painful, and whenever the bowels are freely evacuated the pain is removed; but where febrile symptoms have supervened, and it has been necessary to employ venesection, it is then advisable not to be satisfied with merely evacuating the bowels, but they ought also to be more or less purged.

Besides bleeding and purging, there are other means which may be had recourse to for the alleviation of certain inflammatory and febrile states produced by surgical operations.

Calomel and Opium.—In some cases, notwithstanding the free use of the *lancet*, the wounded parts remain unnaturally red and painful, and the pulse indicates the impropriety of abstracting more blood. Under such circumstances, much benefit will arise from the internal use of calomel and opium —the tartrate of antimony, or colchicum. These three different remedies have each their particular effects, and there are states of disease where the one may be used more advantageously than the other. A couple of grains of *calomel*, with one of *opium*, may be given every two, three, four, or six hours, according to the severity of the febrile symptoms, and the effect of the remedy; or the *tartrate of antimony* may be administered in such doses, and at such intervals, as shall keep up nausea, and thus diminish the heart's action. The *Colchicum* is also a useful remedy in some cases, and more particularly in those where there is a gouty disposition. From ten to twenty drops of the *wine of colchicum* combined with *magnesian salts*, may be given at intervals of four, six, eight, or twelve hours, according to the violence of the symptoms.

The *warm-bath* is also a useful agent, and there is scarcely any circumstance under which it may not be advantageously employed, evacuations having been previously obtained to the necessary extent. So also counter irritants, blisters applied at a distance from the inflamed part, or sinapisms to the feet, have often the effect of alleviating that peculiar state which bleeding cannot relieve.

Secondary Hemorrhage.

Next to inflammation and fever, hemorrhage after amputation must be considered the most serious consequence of surgical operations, and it has often been the cause of their fatality. Before dressing the wound after an operation, care is usually bestowed to observe and place ligatures on all the arteries which pour out blood in a considerable stream. Any subsequent bleeding of the wound is, therefore, to be looked for in the smaller vessels. Now I am convinced that bleeding from these vessels to any inordinate quantity, will rarely ever take place, provided the wound is not improperly dressed. If the wound be left exposed to the open air, and with no other covering than clotted blood, all bleeding to any undue extent, and that even from arteries of considerable size, will cease in a few hours, and if hemorrhage recurs at any future period, it will always be observed to be preceded by a more or less inflammatory action in the wound, or by a febrile state of the system, accompanied by what is called a hemorrhagic pulse. Under such circumstances, the bleeding ought rather to be encouraged than checked; for it will be invariably found, that the loss of blood is the means of completely subduing all inflammatory and febrile action. Surgeons are, in general, much too anxious to arrest hemorrhage, from the alarm which the appearance of blood usually creates, as well as from a common notion of the importance of saving blood.

Spontaneous hemorrhages, as shall afterwards be pointed out, are always to be considered as efforts of nature to relieve either the system, or a particular organ, of a certain quantity of blood; and in many cases where hemorrhage takes place from wounds, such bleeding ought also to be considered as an effort made by nature to subdue an inflammatory disposition in the wounded part.

Case.—A man now in the Hospital of Surgery, and whose carotid artery was

tied some time ago, had frequent secondary hemorrhages from the wound, which to some appeared alarming, but I was convinced that the blood did not flow from the carotid artery itself, but it was poured out from vessels which had been divided in making the incisions, and that the bleeding was an effort of nature to relieve an inflammatory disposition in the wound, I therefore abstracted a considerble quantity of blood from the arm, instead of using any local treatment.

Though by no means of common occurrence, yet hemorrhage is sometimes caused by a want of coagulating power in the blood. In order to stop the flow of the sanguineous fluid from the mouth of a divided artery, it will be afterwards explained, that one of the chief means which nature employs in effecting this object, is to form a coagulum of blood in the cellular sheath, and in the extremity of the canal of the vessel. Now I have met with cases, and similar cases are to be found on record, where the chemical nature of the blood was so altered, that it did not possess this power of coagulation; and hence, if a person whose blood is in this state receives a wound, the bleeding orifices of the vessels cannot be plugged up with a clot in the usual manner. When treating of the diseases of the blood, I shall mention the particulars of such cases, but they occur so rarely, as not to require here a more detailed notice.

Treatment of the Wound.

For some years past I have been in the habit of using as little dressing as possible to all recent wounds, fully convinced that the attempts usually made to draw forcibly and keep together the edges of the wounds by the application of plasters, ligatures, and bandages, are the chief causes of consecutive inflammation. In treating, therefore, a wound made by the operating knife, I always make a distinction between those cases in which it is desirable and practicable to procure adhesion, and those in which the wound is to be healed by the process of granulation and cicatrization. In the first class of cases, the lips of the wound, though readily brought in contact, must be kept together by artificial means, such as stitches, pins, adhesive plasters, and bandages. But when it is known that the lips of a wound cannot adhere together, then instead of endeavouring to effect union by adhesion, and forcibly bringing the edges of the wound together, the cavity of the wound should be filled up, and covered with nothing but clotted blood. The effect of this practice generally is, that no inflammation, or even redness, comes over the adjacent integuments, and the wound gives no pain. After the lapse of a few days, the coagulum of blood, which thus forms a most mild covering to the newly divided parts, is separated, the process of granulation and suppuration having commenced underneath. It is in this state that artificial means may sometimes be employed to assist nature in bringing the sides of the wound together, for adhesive plasters may be now used to aid this process, without risk either of irritating the granulating surface, or of creating inflammation in the edges of the wound. I have been led to this mode of treating wounds, step by step, first adopting it only in small incisions, but finding it so beneficial as now to employ it in all cases even of the largest wounds.

Case.—The *mamma* of an aged female had attained so enormous a bulk as to render her life most uncomfortable. The weight made it agonising when she was either sitting up, or lying upon her side, and it was so great as to prevent her breathing when she attempted to lie on her back. No contaminated glands could be detected, and except this tumour she had no apparent disease. Though well aware of the uncertainty of the ultimate result of an operation, yet I was induced to perform it by the urgent entreaties of the patient, and by the hope that being relieved from the burdensome torture of such a formidable mass of disease, her future sufferings would be greatly mitigated. In performing the operation, every possible endeavour was made to dissect the tumour away as quickly as possible; and although the bleeding was exceedingly profuse during the operation, the fingers of the assistants being ready instantly to press on every divided vessel until the whole mass was dissected away, only four vessels were afterwards deemed necessary to be secured with ligatures. The largest wounded surface I ever beheld was now exposed, and no dressing of any kind applied to it but a few pieces of lint on the surface, in order to absorb the more blood, and form a more complete covering to the wound.

The result of the operation, and the mode of treating the wound, were equally satisfactory. With the assistance of opiates she remained free from pain, and the absence of the enormous swelling enabled her to sleep with a comfort long unknown to her. The striking feature in the history of this wound was, that the large thick clot formed by lint and coagulated blood remained for upwards of thirty days, the process of granulation, approximation of the edges, and cicatrization of the wound, going on underneath this cake, so that when it separated, but a very small

surface remained open. Hence, by the simple treatment, of merely covering a large wounded surface with a coagulum of blood, this patient was saved all the daily suffering of the usual plasters and bandages applied, and all the irritation and inflammation of the adjacent integuments, which such dressings never fail to create.

Diet.—The next subject to which your consideration is to be directed in the management of patients *after* operations, is that of food, and this merits more attention than it usually receives; nothing in short but experience and observation will convince you of the extraordinary influence which improper food has on those who have been the subjects of surgical operations; an influence which is exercised not on the wounded part alone, but throughout the whole system.

From what has already been remarked regarding the benefit to be derived from syncope, and from the state of exhaustion which often succeeds operations, by preventing inflammation of the wound and febrile excitement throughout the system, you can readily believe how essential it will also be to guard against the occurrence of the same class of symptoms from the want of strict attention to diet. I have already mentioned that after the battle of Waterloo, the wounded men who were not removed from the field into the hospital for a considerable number of days, and many of whom had neither tasted food nor drink, recovered of their wounds much sooner than those who had received the earliest attention. This fact, with many others, shows in the most indisputable manner, how little food is necessary for patients under such circumstances, and ought to teach us how cautiously it should always be administered.

As a general rule, patients under treatment for an operation, ought never to be allowed to taste any but vegetable food, and that in a liquid form, as long as there are any febrile symptoms. Gruel, tea, fruit, and various acid drinks, ought to be their only sustenance; and you will constantly observe, that the more simple in quality and the less in quantity is the food of patients who may have undergone important operations, the less fever will supervene, and the more quickly will the wounds heal. When all danger of the immediate effects of the operation are over, as regards inflammation, then may the patient be allowed a small quantity of chicken or veal-broth, or of beef-tea. But it is proper to commence sparingly, and watch their effects; for if they produce any heat of skin or restlessness, and symptoms of indigestion, they should then be discontinued.

I have generally noticed, that as long as a patient is confined to bed, so long is it hurtful to give him animal food, particularly in a solid form; but when he is so far recovered as to be sitting up, and removed into another apartment, he may then begin its use cautiously. I say cautiously, because, from the stomach having been a longer and shorter time unaccustomed to digest solid animal food, when it again receives it the digestive powers will be found very feeble; and if more is taken than can be properly digested, the train of symptoms which sometimes ensue is incredibly severe. I have seen great advantage derived from giving the patient, when he commences taking animal food, a common *aloetic pill*, and one of the *compound rhubarb pills*, immediately before his meal, by which the digestive process appears to be much assisted, and the bowels afterwards well regulated. Patients should not eat solid animal food more than once a day under almost any circumstances.

It is seldom necessary to give cordials during the progress of the cure of a wound, and I always follow the rule of not giving them until the lapse of several days. If they are given a day too soon, they may do much mischief, whereas the delay of a few days can be of comparatively little consequence. By cordials, I allude chiefly to wine and malt liquors. When the pulse is very low and feeble—the granulations of the wound pale—the discharge profuse—the patient's strength much exhausted, then wine and malt liquors may be prescribed, but they should always be used with great caution, and whenever they make the patient feel heated and restless they should then be discontinued. As a general rule I would therefore remark, that those patients who are most reduced before operations, who lose most blood during them, and who get the least food after them, recover far more speedily than those who have been treated on the opposite system.

Pernicious Effects of improper Food.—I have already alluded to the severe and even dangerous effects which sometimes result from partaking too soon of solid animal food after operations. I could bring a variety of facts under your view to establish this most important practical observation, and the pernicious effect of animal food is illustrated not only in those who partake of it too soon after surgical operations, but abundant proofs may be daily observed where women after childbirth, and patients after an attack of fever,

suffer, in a most severe manner, from a like imprudence in diet.

Dr. BAILLIE, in his posthumous observations, briefly notices the same circumstance in regard to fever. "I have never observed," says he, "a person having a relapse of *fever* where it has not been caused by eating animal food." You will almost always find that the female after delivery never suffers from fever until she has eaten animal food. Sir RICHARD CROFT first made this circumstance known to me, and I have often had opportunities of seeing his statement confirmed. So much am I now convinced of the powerful effect of animal food on all convalescents from diseases of an inflammatory type, that I will venture to assert, whenever you observe a patient who is progressively recovering from such disease become suddenly feverish, you will invariably find, that he has been imprudent in his food. It is extraordinary how prone even the most enlightened persons are to the gratification of the palate; and I have no hesitation in declaring, that the management and *enforcement* of obedience in diet, is the most irksome and difficult duty a medical man has to perform. Amongst the lower orders of the community, such as those generally admitted into public hospitals, the management of their food is a theme of constant warfare. Such people are apt to conceive, that the officers of charities do not give them the necessary diet, or the food they may desire, from mere motives of economy. The necessity of, in many instances, acquiescing in their importunities is often the source of mischief; and I have no doubt but the system of gratification, which it is so little in the power of medical officers to control, materially checks the progress of improvement often witnessed in the convalescents in our hospitals.

Case.—The pernicious effect of the too early use of animal food was exemplified in an extraordinary degree in a patient after the operation for *hernia*. A gentleman in the vigour of health had a strangulated inguinal hernia, to reduce which he had been profusely bled, and had other means employed, without effect. I saw him but a few hours after the strangulation had taken place, and from the excessive tenderness of the tumour, feeble state of his pulse, and other circumstances, I determined on performing the operation immediately, which was accordingly done. From the period of the operation, his recovery went on progressively, and the wound was healing with great rapidity, when on the eleventh day, feeling in every respect convalescent, and having a great desire to eat animal food, he partook of a small piece of beef-steak. The consequence of this was, that febrile symptoms soon supervened, and a surgeon being sent for during the night, he found him complaining of great pain in the wound, extending into the abdomen, which induced him to bleed the patient freely. It is needless to detail the particular symptoms which succeeded this attack; I shall only state, that this patient required not less than six weeks' active medical treatment before he was restored to the state of health which he enjoyed before he partook of the animal food.

Case.—The case of a medical practitioner which excited great interest at the time, also illustrates the pernicious effects of eating animal food too soon after an inflammatory attack.

This person in dissecting the body of a female who had died of puerperal peritonitis, pricked his finger, the consequence of which was that the wound inflamed, and the inflammation extended in a violent degree along the lymphatics of the arm. These symptoms were completely subdued by venesection, and the application of a great number of leeches.

When he was in a state of convalescence, he accidentally smelled some cooked animal food, and insisted on having a portion of it. He ate but a small quantity of broiled mutton, soon after which he became exceedingly uneasy, and passed a very restless night. On the following day erysipelas appeared upon the arm, and so severe was the attack, that though depletion was carried as far as possible, from the very first appearance of the symptoms his life was conceived to be in imminent danger, and it was many weeks before he perfectly recovered.

Case.—A person advanced in life, corpulent, and of a gouty diathesis, had a *Cataract* removed from one eye, after having undergone a careful preparation for several weeks. The subsequent inflammation was slight, and the wound adhered. In eight days I extracted the lens of the second eye at the particular request of the patient. Little inflammation followed; and whilst there was every reason to entertain the most sanguine hope of the complete restoration of his vision, this patient, a few days after the second operation, took a large basin of strong broth, and became in a few hours feverish; pain attacked both eyes, and so violent was the subsequent inflammation, that the most copious bleedings, purging, mercury, &c., did not arrest its progress. In a few days it assumed a gouty character, over which the colchicum had no control, and it never abated until the wounds of both corneæ ulcerated,

and the contents of both the globes were discharged.

Case.—A youth accidentally received some shot on the back of the head from a fowling-piece. When he was in a state of convalescence, he was induced to eat a small portion of animal food, and to drink a glass of wine. During the night he became feverish, symptoms of inflammation of the brain rapidly succeeded, and on the fourth day he expired.

Case.—I have mentioned to you the case of a lady from whom Mr. Lawrence had removed a large tumour of the hip, and that in this case the wound healed with unusual rapidity; which was to be attributed to the circumstance of her losing a large quantity of blood at the time of the operation. Now although this immense wound healed, and the patient left London on the fifteenth day after the operation, yet a circumstance occurred regarding food, which retarded her recovery, and which also illustrates the doctrine I am now endeavouring to inculcate. This lady, eight or ten days after the operation, feeling herself exceedingly feeble and low, and having till then tasted nothing but water gruel, was induced to take a basin of beef-tea. In a short time she became heated and restless, and her pulse quick; this was in the evening attended with so violent a headach, that besides giving her a powerful cathartic, eighteen leeches were applied to her head, by which prompt and active measure she was soon relieved.

Some time ago, when visiting the Fever Hospital, one of the best-regulated institutions in this metropolis, I was amazed in looking over the list of weekly expenses, to find often the item of "beef-steaks." Having expressed my surprise that the fever patients should get beef-steaks, I was informed, that the medical officers were under the necessity of giving the convalescent patients some animal food, having learnt from experience, that if they were sent home with an unsatiated and voracious appetite, they were apt to indulge in an enormous meal, which in several instances had proved fatal.

The treatment which ought to be employed when patients have taken improper food after an operation, should consist of the early exhibition of emetics or purgatives; and should febrile symptoms supervene, recourse must be had to venesection and febrifuge remedies.

Stimulating drinks are equally as pernicious to the healing of wounds, as improprieties in food.

Case.—A gentleman on whom I operated a few days ago for an extensive fistula, was induced to drink a small quantity of porter; the consequence was, that he complained of pain in the wound during the whole night, and was extremely restless until his bowels were completely evacuated.

In immediate connexion with the subjects already considered in this lecture, I have yet to direct your attention to several circumstances of great interest and importance, but the exhaustion of our allotted time indicates that I must now discontinue my address.

ANTI-STIMULANT TREATMENT OF MALIGNANT CHOLERA.

By JOHN WILSON, *Esq., Surgeon, London.*

THE reappearance of epidemic cholera in the metropolis, has again given me an opportunity of testing the efficacy of a plan of treatment which I found extraordinarily successful during the latter period of its sojourn last year; and which, moreover, founded as it is on true physiological principles, as well as on the very feelings and desires of the sufferers, renders the publication of my almost invariably successful use of it a duty. This plan consists in the rejection of all spirituous or mineral stimulants, and the substitution, in their place, of cold water and leeches applied in the manner which the following cases will illustrate. Though thus simple, I am the more urged to propagate this treatment, as I myself, at the commencement of the cholera last year, went with the stream, and, notwithstanding the greatest anxiety and assiduity, and assistance of the first practitioners, lost thirty-six cases, while though reaction was restored in a few, they were ultimately fatal from the consequent fever. Since I have adopted my present treatment, my success has been almost incredible, and my gratification extreme. I entreat my brother practitioners to give it a trial, and I am convinced they will bear me out in my assertion of its great efficacy.

CASE.

Sarah Barber, ætat. 17, residing at No. 4, Parson's Square. I first visited her at half-past eight on Saturday evening, 3rd August instant. Her mother informed me, that the preceding day she complained of pain in the stomach and bowels. This was the third day after the death of her father by malignant cholera in ten hours. (He had been treated by another practitioner in the usual way, with mustard cataplasms, brandy, opium, calomel, &c.; the patient had entreated them to give him

spring water, I was informed,—a peculiar feature which I have never found absent in any case.) The pain in her stomach was succeeded by vomiting what she had eaten the day before. On Saturday morning, vomiting and purging were incessant, and the discharge from the stomach and bowels consisted of clear fluid in large quantities. This continued during the day. At my first visit she was in a complete state of collapse, that is, with universal coldness of the surface; the hands, face, and legs, blue; cramps violent and continual in the extremities; face shrunk; eyes deeply sunk, and she had all the haggard appearance of a woman of extreme age; tongue deadly cold (felt by the by-standers); incapability of speaking above a whisper; weight at the chest, and sense of suffocation; pulse extinct at the wrist, and all the other usual symptoms of the malady in its worst form.

Immediately on seeing her, I ordered half a pint of cold pump water to be given as a clyster, and to be repeated every half hour, and, at the same interval of half an hour, to take an effervescing draught. I desired she might have cold water in the dose of a full wineglassful as often as she pleased. In fact, the first question she had previously asked me was, "Shall I have some pump water?" She complained of intense and insatiable thirst, and would have taken a pint at a time had I allowed it. The plan was regularly persevered in till twelve at night, three hours and a half after my first visit. At that time I found the cramps subdued, which in the legs had ceased after the fourth clyster, and she expressed herself as being better. She said that the cold water made her feel warmer, that she loved the sparkling draughts, and that after each clyster she felt for a time as if warm towels were applied to her loins, and a heat arose from the bed; vomiting and purging of the same character continued, but slight reaction was evident to the by-standers. Twenty-four leeches were now applied to the pit of the stomach, and hot poultices were applied to the bites during the night; the same treatment by water being persevered in.

On Sunday morning at ten o'clock, I was gratified by finding that reaction had taken place, an effect which was evidenced by a full strong pulse, a hot, dry, and furred tongue, red at the tip, the skin universally warm, blueness totally gone, and cramps completely ceased. The leeches had bled considerably, and were still bleeding. She has slept profoundly for six hours. Vomited, previous to my visit, a quantity of bilious matter, after an interval of three hours' cessation of that symptom. Bowels purged six times during the previous night, but still produced clear fluid. Pain at the lower part of the abdomen; twelve leeches were ordered to the part. The face was so altered from the appearance of the preceding night, as to make her mother remark that "her eyes had come out." Voice restored; headach intense, but no delirium; thirst diminished, but complained of dryness of the mouth and throat. After this time the clysters were ordered every two hours; the effervescing draught every hour.

Sunday evening. Found her still improving; purging stopped. Omit the clysters. Draught to be continued every hour.

Monday morning. Said she felt quite comfortable, except experiencing a slight headach. Had sweated profusely during the night; tongue moist and cleaning. A tablespoonful of thin gruel to be taken occasionally. Nothing material was done this day.

Tuesday morning. She is still going on well, and sleeps almost continually.

This is the seventeenth case that has recovered under the same treatment, but little varied, since I adopted it; six cases within the last fortnight and eleven last year, all equally formidable in their appearance, for I adduce only those which I have found in a state of complete collapse. The major part were completely convalescent in the space of from three to five days after reaction was restored, and nothing has presented itself but a slight inflammation of the stomach, which in a few hours has been invariably removed by a few leeches applied to the epigastric region. The fatality in my neighbourhood under mixed treatment, I understand, has been appalling, and I am convinced will be so, as long as it is persevered in. Pure ice, eaten in frequent small quantities, I have found a great auxiliary as an addition to the cold water. Patients eat it with the greatest avidity and satisfaction, feeling on the other hand an abhorrence of warmth and stimulating drinks.

No. 1, Kingsland Road, Aug. 7th, 1833.

MALIGNANT CHOLERA.

TREATMENT WITH MERCURY—VENOUS INJECTION AS AN ACCESSORY.

To the Editor of THE LANCET.

SIR,—I shall be much obliged if you will give insertion to the following suggestion upon cholera.

In that stage of cholera which is termed "collapse," it is confessed by every candid mind that there is no remedy. Recoveries have, occasionally, towards the close of

the epidemic, occurred; but it has been under such various and different modes of treatment, that it is quite clear the recoveries have been owing to causes independent of medicine. In fact, the body is dead to the influence of remedies;—the circulation is stopped, and the various vital actions are suspended. In such a state it is clear the body cannot absorb, circulate, and admit the effect of, any agent. The body must be resuscitated, and its animation restored, before we can expect remedies to act. A mistake appears to me to have prevailed in not making this distinction. Means have been recommended, and used, to resuscitate, in the same way as with a body where animation is suspended from drowning: but there is this difference; the drowned body is healthy,—the springs of life have but to be put in motion, and the body is in a condition to carry on its action; but in the cholera patient the fluids are corrupted, and the vital functions are suspended, from the effects of an epidemic poison; it is therefore clear, that the poison must be neutralized, and the blood and fluids restored to a healthy condition, before we can expect recovery. The powers of the constitution are, in some cases, such as to overbalance the effects of the poison, and the patient recovers without any means being used; but the reverse is too often the case, and we must therefore look for something beyond restoring from collapse.

The remedy upon which I have most relied in this disease is mercury; and I believe, if ever the disease is *actually cured*, it is by means of this agent. After a long experience in the East, medical men came to the conclusion that calomel and opium were the remedies to be chiefly relied on in this disease; and in every other part where cholera has prevailed, has this conclusion been eventually come to. Typhus fever, yellow fever, puerperal fever, and various inflammatory fevers, are found to be instantly extinguished where salivation is produced. The difficulty and impossibility of producing this effect in some cases I am fully aware of; but still, where salivation is effected, the disease is annihilated; I confidently stated last year, that salivation would cure cholera; and the first case I treated of this disease, in a state of collapse, was cured by that means: but it was a solitary case. I soon found that a body in a state of collapse was dead to the influence of remedies; and that the largest quantities of mercury which could be used were inert in this condition of the vital powers. It appeared to me, therefore, to be of little use, unless the body could be brought into a condition capable of receiving its influence. The plan of injecting saline fluids appears to me to effect this desideratum. By this means the collapse is temporarily removed, the circulation is restored, the body becomes warm, and a sort of fictitious life is supplied; but the disease is not cured,—the poison is inherent, and again exerts its deadly influence. The collapse may be again overcome by injections; but it again returns, and the patient dies; and this plan, like every other, fails. I believe, when the body is thus temporarily revived, if mercury be used in the most extensive and persevering manner, both internally and externally, during this artificial restoration, that the patient might be brought under its influence; and if salivation can be produced, I have a strong impression that the patient would recover. I wish to be understood, that salivation full and complete must be produced. Soreness of the gums from mercury is quickly superseded by the disease, as I have repeatedly witnessed in fevers, and also in cholera. No effect of mercury short of complete salivation can be depended on. I have witnessed an impressive case, where soreness of the gums was produced in cholera, and the disease was yielding; but the mercury being omitted under an impression that the effect was sufficient, the disease again acquired its ascendancy, and the patient was lost.

By giving insertion to the above, it may probably excite the attention of some who may have the opportunity and the disposition to give satisfactory *trials* to the suggestion.

I am, Sir, your obedient servant,
HENRY STEPHENS, M.R.C.S.
London, 54, Stamford-street,
July 31st, 1833.

CASE OF

INGUINAL ANEURISM,

IN WHICH THE EXTERNAL ILIAC ARTERY WAS TIED WITH SUCCESS.

By MARTIN SINCLAIR, *M.D., Fellow of the Royal College of Surgeons of Edinburgh, &c.*

THE operation of tying the external iliac artery being now recognised as one of the ordinary performances of surgery, it may seem superfluous to narrate the particulars of the following case in which that operation was employed; but as each additional instance tends to confirm the propriety of the Hunterian method of operating, and to demonstrate the resources of nature in carrying on the cir-

culation of the blood when the supply by an important artery is suddenly arrested, a brief history of the events may not be uninteresting to the profession.

Case.—John Chantler, ætat. 28, a porter to a bleacher, was admitted as a patient at the Hulme Dispensary, on the 26th of March, 1832, with a large pulsating tumour in the right groin, of which the following account was given. The swelling was first noticed at the beginning of October, 1831, at which period it was about the size of a marble, and attracted notice from its pulsation. No cause could be assigned for the origin of the disease, further than the strainings to which the patient was subjected in carrying heavy loads of calico to the upper rooms of warehouses in town. The only remedies which had been employed were some aperients, and the contents of a "rubbing bottle." The tumour gradually increased in size, and the patient, on admission, exhibited the following symptoms: a tumour, considerably larger than a full-sized duck's egg, presented itself immediately beneath Poupart's ligament, pulsating violently (the pulsations being synchronous with those of the heart), elevating the integuments more than an inch at each impulse. The integuments covering the tumour were of the natural colour, and there was no attendant pain. The motion of the hip-joint was impeded by the swelling. The general health was good. Pressure in the course of the artery above the tumour completely arrested the pulsation, which returned as soon as the obstacle was removed.

As the patient was of a full habit of body and accustomed to free living, he was immediately put on low diet, and rest in the horizontal posture was enjoined. Aperients were administered to keep the bowels open, and bleeding to the extent of a pint on each occasion was performed twice. Two tablespoonfuls of the subjoined mixture.* Wine taken thrice a day previous to the operation.

The operation was performed on the 3rd of April, 1832, in presence of Mr. Whatton, consulting surgeon to the dispensary, Mr. Booth my colleague, and other professional friends, in the following manner:—The patient was placed on a bed before a window, with the affected side towards the operator. An incision, fully four inches in extent, of a lunated form, and two inches above Poupart's ligament, was made through the integuments, the extremities of the incision pointing upwards and inwards, and terminating within an inch and a half of the linea alba, and the superior spinous process of the os ilium. The fibres of the external oblique were then cut through with the scalpel, and the internal oblique was divided, with a probe-pointed bistoury, from within outwards, in the direction of the external wound. The peritoneum was next pushed gently upwards with the fingers, and the external iliac was distinctly felt at the bottom of the wound, pulsating strongly, and feeling to the touch to be about three-eighths of an inch, or upwards, in diameter; the sheath of the vessels was now slightly detached with the finger nail, and a ligature was applied to the artery with the ordinary aneurism needle, introduced from the lateral aspect, and terminating mesiad. The ligature was then tightened, and all pulsation in the tumour immediately ceased. The external wound was approximated by two stitches of the interrupted suture, and superficial dressings, with a bandage, completed this part of the operation. The quantity of blood lost during the operation did not exceed a tablespoonful, and no subordinate artery required to be tied. The patient bore the operation remarkably well, and was left, with strict instructions as to diet, under the charge of an assistant, the limb on the affected side having been loosely enveloped in flannel.

As it is unnecessary to load this abstract with an account of the daily treatment and progress of the case, it may be sufficient to state that a great part of the wound united by the first intention, but an inflammatory affection supervening, destroyed the adhesive process, and the union of the wound was at length accomplished by the second intention; no constitutional symptoms requiring remedial means arose in the course of the treatment; the tumour daily decreased in size, and the ligature was detached on the thirtieth day after the operation. Upon measuring that part of the ligature which was imbedded in the wound, the artery was found to be fully three inches under the surface of the abdominal parietes, at the point where it was taken up.

Remarks.—Without entering upon the controverted point, as to the proximate cause of aneurism, the above case presents a good example in which that disease, if left to the resources of nature, would in all probability have proved fatal, and at the same time exhibits an instance of modern surgery triumphing over a dis-

* ℞ *Tinct. d gitalis* ʒj;
Tinct. hyoscyami ʒss;
Syrup simplicis ℥j;
Aquæ ʒviss. *Misce.*

ease which in olden times was deemed incurable. It is fortunate for the patient that he became the subject of surgical treatment, before his life was sacrificed by certain doctors who are noted for "rubbing bottles." As the heart and arterial system otherwise appeared to be sound, no obstacle presented itself to the performance of the operation; and although the patient was not under the same restraint and control as he would have been in an hospital, every care and attention was bestowed to prevent an unfavourable termination, occasionally threatened by the injudicious adoption of full diet and stimulants, in spite of our remonstrances to the contrary, and which, in all likelihood, caused the inflammation of the edges of the wound. Although the ligature was not detached till the thirtieth day after the operation, I considered that circumstance favourable to the patient's ultimate recovery, as it afforded an additional argument for keeping him quiet, and under a regulated regimen, which salutary restraints he would have broken through at an early period, had not the dread of instant and fatal hemorrhage, before the detachment of the ligature, been almost daily impressed on his mind. Some slight numbness of the leg of the affected side existed for a time after the operation, but this gradually disappeared under the use of stimulating and anodyne embrocations. No trace of the aneurismal tumour now remains, and the limb performs its wonted duties without pain or fatigue. The artery feels like a firm chord for two or three inches below the original seat of the aneurism.

Manchester, Aug. 3, 1833.

THE PROTO-IODIDE AND DEUT-IODIDE OF MERCURY.

To the Editor of THE LANCET.

SIR,—As the following extract from a lecture at the Westminster Dispensary may be useful in showing the decided difference in medicinal activity between the *proto-iodide* and the *deut-iodide* of mercury; also the necessity of stating in a prescription the one that is to be employed, I beg your insertion of the same.

Yours in well-wishing,

JOHN EPPS, M.D.,
Lecturer on Materia Medica, &c.

89, Great Russell-street, August 5, 1833.

"I have, Gentlemen, now to draw your attention to a new preparation of mercury. It is the *iodide*. This preparation has been employed in the *removal of tumours*, and with considerable effect. I have tried it both *internally* and *externally*. From my own experience, I have more confidence in its *external* application than in its *internal* use. I have used it with success in *scrotal* tumours. I have been disappointed in some instances. These disappointments I am inclined to ascribe (from one circumstance that has lately occurred) more to the *preparation* of the medicine than to the medicinal agent itself.

"In illustration I shall mention a case. A patient who had been taking the tincture of iodine, without any effect, for a scrotal tumour, applied to me in the month of February in this year. I prescribed for him the following: ℞ *Iodid. hydrarguri* ʒi; *Ung. cetacei* ℥i; ft. ung. pro usu. At the next visit from my patient, I found that no effect was produced upon the tumour; in fact, no effect all, either general or local. This I thought strange, because I knew that the iodide of mercury produced great heat and irritation. I then ordered an increase of the iodide to two drachms. Still the patient complained of no effect being produced. I then ordered him to go to some other chemist. He went to John Bell, in Oxford-street, and returned to me in astonishment and anxiety two days after, stating that the ointment which he obtained there from the presentation of the same prescription was of a beautiful bright red, whereas the one he obtained at the other chemist's in Oxford-street, was of a yellowish green. And not only did he notice the difference in colour but the difference in effect; for after applying it on going to bed to the scrotal tumour, the red ointment produced so much irritation that he was obliged to rise in the night and bathe the part.

"In order that I might be fully satisfied, I desired him to take the same prescription to the two chemists, and have the ointment made up at both; and to bring me the same, which, Gentlemen, I now show you; and one, you see, is a yellowish green, the other a bright red.

"Now, Gentlemen, I am willing to allow that I am in part to blame, as the following explanation will prove. There are *two* iodides of mercury; the *proto-iodide* and the *deut-iodide*,—the former composed of one equivalent of iodine and one of mercury; the latter of two of iodine and one of mercury. The former is of a yellowish green colour, the other is of a bright red. I should have written in my prescription the *deut-iodide*; but, notwithstanding, you will perceive that the one chemist introduced the *proto-iodide*, the other the *deut-iodide* in making up the *same* prescription.

"In addition, let me remark, that the

deut-iodide *softened the tumour*, and as a proof of its effect upon the system, in addition to the irritation produced upon the part to which it was applied, the patient noticed another and an interesting fact, namely, that he *tasted* it the day after rubbing it on the scrotum.

"Thus, Gentlemen, you will perceive that it is our duty to avoid even the possibility of a mistake, and I trust you will observe this additional illustration of the great difference in the properties of a medicine produced by the addition of *an atom*."

LONDON PHRENOLOGICAL SOCIETY.

LETTER FROM MR. BURKE, COMPLAINING OF INACCURACIES IN A REPORT OF THE PROCEEDINGS OF THE SOCIETY.

[THE following letter was received many days since, as its date indicates, but its publication was delayed in order that such of the statements contained in it as demanded notice might be replied to by our reporter. It was, accordingly, handed to that gentleman, who has furnished the comments subjoined in the form of notes, prefacing them with the annexed remark:—

Were the space which can be allowed in the pages of THE LANCET sufficiently large to furnish a long and full answer to Mr. Burke, I would show that instead of having been inaccurate and partial, as he alleges, I have been too favourable to him. Indeed, many members of the Society have, I learn, complained of my indulgence towards Mr. Burke. Sympathy with so rash an innovator in the domains of science is rather to be excused than justified.—REP. L.]

To the Editor of THE LANCET.

SIR,—In the report of the proceedings of the *London Phrenological Society*, given in THE LANCET of the 22nd of June last, there is a notice of some papers which I have read to the Society. As some of the observations and statements in that notice are marked by extreme inaccuracy, I am induced to trouble you with a contradiction of them, to which I trust your kindness and candour will allow a place in the pages of your Journal.

My reason for not noticing this sooner is, that I have lately been affected by an indisposition which rendered an almost total cessation from study of every kind indispensable.

The first passage to which I shall direct attention, is that in which I am reported to have astonished the Society, by announcing that I had discovered *sixty-three new organs* in the head. Now, Sir, instead of this, I stated most explicitly, not that I had discovered sixty-three *new* organs, but that I made the *whole number* of the cerebral organs *amount* to sixty-three, which makes my alleged discoveries amount but to twenty-five, or, at the very utmost, to twenty-eight. Now this announcement was not made extemporaneously, but from a written essay, and the whole paragraph in which it occurred is of such a nature as to have rendered a mistake next to impossible at the time, however the correct number might have been forgotten afterwards.*

There is also an inaccuracy in what is said respecting my promising to produce, at the following meeting, casts and skulls in illustration of my propositions, but as several members understood me to that effect, I shall not complain. What I did say,—at any rate, what I meant to say,—was, that I should adduce proofs and observations, and that I hoped to be able to *refer* to au-

* I have spoken to several members of the Society with regard to the number of *new organs* proposed by Mr. Burke, and find that all of them understood that he *had invented sixty-three new organs*. In fact, I remember in particular, when Mr. Burke submitted his "discoveries" to the notice of the Society, that the Marquis Moscati could scarcely keep his seat, from impatience at the declarations then made; and at the termination of Mr. B.'s paper, the Marquis, in a speech replete with censure, declared that Mr. Burke must either have lost his senses, or did not understand phrenology. M. de Moscati added, "that *instead of sixty-three new organs*, if he were to treat phrenology *metaphysically*, as Mr. Burke had done, he would soon find out sixty-three hundred." This was not then corrected, and Mr. Burke himself admits that he has discovered *twenty-five, or, at most, twenty-eight new organs*. I am sorry for the numerical misapprehension; but it makes the case no worse for Mr. Burke than if the excess had been but ten organs. The rapid discovery of eight-and-twenty by a young phrenologist, is to my mind as ludicrous as the discovery of sixty. When a man says he once ran away with the Monument on his shoulder, one may be pardoned for imagining that he also said it had St. Paul's hanging from one end of it.—REP. L.

thenticated casts and skulls; but I did not expect to be able to *produce* any, and consequently could not have promised to do so.*

The account which your correspondent gives of the meeting of the 15th of April is most partial and incorrect. Everything that in any manner bore against me has been carefully inserted, and even exaggerated; and every circumstance that could have acted in extenuation studiously omitted. Instead of proceeding at the very commencement, and greatly to the astonishment of the Society (as he has represented), extemporaneously to prove my discoveries, I apologised for not being able to complete the essay I was preparing for that night, nor to give the references to casts and portraits as I expected, one of the collections I had calculated on being able to inspect, having been closed in consequence of the absence of the proprietor, the other on account of its being its annual period of closing. But I stated that I was prepared (if it were agreeable to the Society) to explain my views, viva voce, on the organ which was to have been the subject of my paper. I then sat down, and awaited the decision of the Society. The president remonstrated on the disappointment occasioned to the Society. I again apologized in still more explicit terms. Other observations then followed on the part of the President and one or two members, one of whom said, that as they had met, it would be as well to hear my observations on the subject that I was to speak of, in the manner I proposed. This opinion received the sanction of the meeting, and it was only *then* that I attempted to extemporize, and it may be imagined, that after hearing observations which appeared to me much severer than the occasion warranted, I was not in the best disposition to do justice to my subject.

Your correspondent is in error in stating, that the only examples I could adduce in proof of the existence of my new organ were Fuseli and myself. I never spoke of Fuseli, I never alluded to him in any manner; I could not have done so, for I knew at the time nothing whatever of his development in regard to this organ. The person whom I spoke principally of as being deficient in this respect was a private friend, whose name I did not mention. As to the expression, "one member declared, that in all the representations of Fuseli, that part was actually large," it must relate to what was said of Flaxman, whose case was proposed as contradictory of my views; for as far as I recollect, no mention at all was made of Fuseli. It was also incorrect to say, that I only mentioned these two instances of development. I mentioned Canova, Michael Angelo, the poet Gray, Pitt, and others. Besides, I said that I had found the correctness of my views confirmed in a great many living instances, (but as they were private individuals, I could not of course introduce their names into public,) and that in no case had I found anything contradictory of my principles. Still it must not be imagined that I expected the members to agree to my opinions on such slight evidence; I proposed nothing more than to place them in such a light as to make them appear worthy of *investigation*.

Your correspondent has displayed his usual inaccuracy in speaking of the observations made by the President at the conclusion of the meeting. Had the President been pronouncing a sentence of expulsion against a member, he could scarcely have done it in severer terms than he is represented to have used towards me. Your correspondent, by preserving a certain portion of the phraseology made use of on that occasion, has given a certain show of accuracy to what he has written, but he has altered and interposed words in such a manner, as to render the meaning exceedingly exaggerated, if not wholly different. How could the President use such expressions as these for instance: "That any one* would suppose Mr. Burke to be an enemy in disguise, who wished, after the manner of the Jesuits, to excite contempt and ridicule against the science?" The words, as they stand in THE LANCET, are a direct personal insult, and as such it would be wholly inconsistent with the character of Dr. Elliotson to employ them. Your correspondent, instead of concluding his report with the sentence—"It was then understood that the Society had been sufficiently patient with Mr. Burke, and that he should read no more papers at the meetings," ought to have known that it was *I* who announced that I should pre-

* With regard to the statement that Mr. Burke promised to bring before the Society "some casts and skulls" in illustration of his discoveries, I have also consulted several members, who all declare, that they so understood the speaker, and I remember that Mr. Burke, in his reply to M. de Moscati, said that he was not an *abstract metaphysician*, but would prove his assertions by facts and casts.—REP. L.

* Had he said that a "stranger" might suppose this, he would have come something nearer to the President's words.—L. B.

sent no more papers, since my method was not generally approved of.* He ought to have known, too, that the Society was not taken unwares, for I had announced from the beginning, that I should treat phrenology like any other philosophical subject; that I should reason, as well as observe facts; and that I should submit all its propositions to the test of the strictest analysis. From the very first mention of this method, some members objected to it; and on the night of the adjourned debate, this objection was repeated more forcibly. I then stated, that I could not consent to treat the subject in any other way; but that if it was thought likely in any degree to prove detrimental to the interests of the science, or if it was at all disagreeable to the Society, I should instantly cease. On that occasion I was assured, that such was by no means the wish of the Society, that they were much pleased with my papers, &c., and the President said that they would be glad that I should continue to write in the method I had adopted, but that I must allow them to dispute my reasonings in their way. On this understanding I agreed to proceed with my papers.*

There are a few minor inaccuracies in the account given of my first and second papers, but as I am unwilling to encroach upon your pages further than is absolutely necessary, I shall only make two corrections; 1st. It is no opinion of mine, nor did I ever express such, "That the activity of the faculty of amativeness never occurred of itself, but always required the perception of an external object." Your correspondent has *wholly* mistaken my meaning. It is notorious that *every organ*, when energetic, may be active without any external impulse. 2ndly. My name is not correctly mentioned, it is L. Burke, not G. M. Burke.

As to the presumption with which I am charged, for introducing so many novelties, it is so old an objection that it need scarcely be noticed, for it has been made to almost every discovery and improvement that has yet been presented to the world. Had your correspondent, however, heard, or, at least, paid an unprejudiced attention to the manner in which I introduced my subject, he would not, perhaps, have made it with such peculiar emphasis as he has done. And had a little more patience been used on the part of the Society, it would have been seen that I did not attribute these discoveries to any superior qualifications on my own part, but that, like the first phrenologist, I was indebted to an *accidental thought* for the clew that led me to them. Concerning the degree of knowledge I may possess on the subject, I shall not dispute. I must observe, however, that none of those who have heard me in the Phrenological Society, have had opportunities sufficient for determining that point. I must observe, too, that my speculations are not so crude and undigested as some imagine. More thought has been bestowed, more observations made, and more facts brought to bear on these new organs, than those who have opposed without hearing have an idea of. All that I have hitherto observed, confirms me in my opinions, and until I see reason for changing them, I shall maintain them, but not one instant longer.

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* I can assure Mr. Burke that my report of the 19th April is very favourable to him, for I very much softened the animadversions which were made on him that evening. Dr. Elliotson did say what I have reported, and I shall add, that after Dr. Elliotson's remarks on Mr. Burke were concluded, I heard pass from member to member such comments as the following:—"Dr. Elliotson has burked Mr. Burke." Indeed the President was so indignant, that when he finished his reproof by saying, that any one would think that Mr. Burke had intended jesuitically to bring the science into ridicule, he added in a tone, and with a look, "Only that that is impossible." With regard to having mentioned Fuseli instead of Flaxman, I beg Mr. Burke's pardon on that score. In my notes I had marked an "F." which I afterwards interpreted wrong, confounding the painter with the sculptor. But it is all one, whether it was Fuseli, Flaxman, or Nebuchadnezzar, for Mr. Coode proved that Mr. Burke was wrong in his assertion respecting the individual he mentioned. I do not know whether Mr. Burke is or is not a jesuit, but I am assured that he was brought up for the profession of a Catholic priest, although Dr. Elliotson was told by Mr. Burke, that he had not been a theological, but only a general student, the President fancying when Mr. Burke wished to enter the Society that he might be a jesuit.—Rep. L.

* It is true that Mr. Burke announced from the beginning that he should treat phrenology metaphysically; but I remember that M. de Moscati defeated all his abstract reasonings, and begged the Society to be on its guard against Mr. Burke. On that very evening M. de Moscati foretold all that Mr. Burke afterwards brought before the Society, and particularly styled the system of Mr. Burke "*rudis indigestaque moles.*"—Rep. L.

I am not, either, in such haste to submit my views to the public as may be thought, for could I have depended on the discretion of some of those to whom I had communicated them, the public would in all probability have heard nothing of them for two or three years to come. When, again, I bring them forward, I shall take care that I shall be judged, not by what is reported of me, but by what I write.

I am, Sir, your obedient servant,

L. BURKE.

July, 1833.

*** I repeat that the Society was resolved that the series of Mr. Burke's papers should end there; and the business of the evening hastily closed, the members being apparently much rejoiced at the certainty of suffering no more of Mr. Burke's inflictions.

I am glad that Mr. Burke has determined to reconsider his discoveries, and on that head I beg to offer him a few words of advice,—that before he again submits the subject to public notice, he will be ready with a collection of facts, casts, and skulls, in *proof* of his discoveries, otherwise I shall be strongly disposed to say of his "system,"

"Parturiunt montes; nascetur ridiculus mus."

REP. L.

THE LANCET.

London, Saturday, August 17, 1833.

IT is *possible* to pity a man towards whom the utmost contempt is felt. Compassion and dislike may be allied.

Fortunate is it that nature is thus perfect in her laws. Otherwise, the mass of mankind would generally be in a murky mood, from the prevalence of those causes which excite in us the least amiable of our feelings.

If, for example, there were not some counteracting power, what would be the conduct of the profession with respect to the PRESIDENT OF THE COLLEGE OF PHYSICIANS?

We are called upon to estimate a man's worth, not by negative supposition, but by positive acts. Of course we are forbidden to deny goodness of heart to a man who is not renowned for his benevolent deeds; because it may happen that opportunities of rendering services to his fellow-creatures may have been withheld from him. But when we know that a thousand circumstances have combined to enable an individual to contribute to the happiness, and consequently the welfare, of the community,—if the position thus acquired had not been used as reason and benevolence indicate, we surely are not censurable for condemning the party who has been thus backward in the beneficial exercise of his power. But the mere absence of good actions does not necessarily imply that there is a want of inclination to perform them.

The antithesis, however, is striking. Occasionally we have SHYLOCKS inculcating lessons of morality and charity, and, *proh pudor*! we have a Sir HENRY HALFORD, who ventures to hope "that "he shall yet preside over a reformed "College of Physicians!" Ay, in this sense does the eel-backed courtier allude to a possible change in the government of that old monument, which, for several ages, has exhibited only the emblematic signs of superstition and tyranny. This sudden alteration in the tone and manner of the wily Baronet, indicates, pretty strongly, the degree of pressure, from external circumstances, to which his besotted prejudices have of late been subjected. Although cunning, this man was never remarkable for his wisdom, or depth of foresight. He could always, with the utmost facility, perceive the knots, turns, and reticulations, of the web which was presented to his view, but his calculations of the fabrics which future days were to produce, have repeatedly been characterized by the most gross misconceptions. Hence his changes of demeanour to exalted personages have been as striking as they have been sudden, and as disreputable as they have been varied. HALFORD was the obsequious and "most obedient" and "faithful servant" of the Tory Pre-

mier LIVERPOOL, and he is now the "most sincere" and "devoted friend and admirer" of the Whig Premier GREY. He "respected," "most deeply respected," the hold-fast principles of Tory Chancellor ELDON, and now he is most fervent in his admiration of, and devotion to, the let-go-principles of Whig Chancellor BROUGHAM. Is it not extraordinary that men, otherwise remarkable for their sagacity,—that men renowned for their knowledge, respected for their experience, and loved for their integrity, should all at once fall into the snares of those apparently-necessary appendages of palaces, but pests of society, courtiers? More than three-fourths of the ministers of GEORGE the THIRD suffered themselves to be made the mere tools of the courtiers who surrounded that monarch. The ministers of GEORGE the FOURTH were equally unwise and unfortunate. But let us hope that the confidential advisers of King WILLIAM the FOURTH will not also become subservient to the designs of a set of men who make the instilment of poison into the ears of their monarch the chief business of their lives.

A Royal Commission! Oh it is a goodly title for a courtier! But the proposal must be everywhere spurned except in the place where it is made. The selection of evidence on medical abuses left to the discretion of the nominees of the precious clique which is headed by HALFORD and BRODIE! The drawing up of a *report* founded on the *impartial* testimony of the impartial witnesses of HALFORD and BRODIE'S "Royal Commissioners!" What a consummation of mockery, folly, and hypocrisy, would be thus achieved! The device of the sticklers for things-as-they-are was ingenious, but the proposal was much more remarkable for its impudence than its cleverness. Was the wily PRESIDENT so blind as to believe that his plan could succeed now that the Tories are out of office? Did the man suppose that there were no independent men in the country who would force upon a Whig administration a recollection of their own declaration respecting medical abuses at the time when they constituted the Opposition to the Tory corruptionists? It is already confessed that a Royal Medical Commission would be an insult to the entire profession, because it would be appointe with no other object than to render p manent the thousands of abuses which every honest physician and surgeon is s earnestly desirous should be removed from medical law and from medical practice.

The chief great advantage of a *parliamentary* inquiry, will consist, first, in the open manner in which it will be conducted; secondly, in the opportunity which every competent witness will enjoy of delivering his evidence before such a body; and, thirdly, the wide extent of field which will be opened to scrutiny. The search cannot be restricted to three or four Charters and Acts of Parliament, but the inquiry will bear most effectually upon the efficiency and expense of medical education—on the various modes of conducting medical practice—the treatment which medical men experience in courts of justice, and particularly their non-reward for attendance at coroners' inquests—the farming of the sick-poor of parishes—the manner in which the appointments to jails are conducted—the system of nepotism which is still fostered in the election of medical officers to our great hospitals—the dissimilarity of medical law in the three great departments of this monarchy—the insufficiency of medical education at several of our universities—and, finally, the deplorable evils which result from the want of a national faculty of medicine, where every man of talent and character might enforce his *right* to be examined in public, and

where the examiners should be amenable of the law if they withheld the certificate to qualification from any individual, except from one of two causes,—evidence of an immoral course of conduct in the candidate, or his giving proof of deficiency of knowledge.

Wide, then, indeed, is the ground of inquiry, and multifarious are the objects to be investigated. But it should be remembered, that the whole is to be conducted with a view to one great end,—the public good, which, be it observed, cannot be obtained without annulling all those restrictions which at present deprive the medical student of the opportunities of pursuing his studies in the most efficient and least expensive manner, and by confirming and adding to the few legal rights which are enjoyed by practitioners already engaged in discharging the important duties of their calling.

Having thus referred to the field which is to be explored, we shall, on another occasion, explain the steps which physicians and surgeons should themselves take in their individual capacities, in order that the whole profession may ultimately be conducted to the wished-for goal.

ST. BARTHOLOMEW'S HOSPITAL.

SINGULAR CASE. — ANEURISM OF THE ARCH OF THE AORTA, COMMUNICATING WITH THE VENA CAVA SUPERIOR.

William Brown, a coachman, aged 41, admitted into John's Ward July 8th, presented the following appearances:—Countenance œdematous and purple; eyelids tumid, with slight serous effusion under the conjunctiva; tongue clean and moist; pulse 100; œdema of the right upper extremity, and of the trunk, as far as the base of the chest, principally on the right side; clusters of minute veins, almost varicose, are scattered over the chest; and on the back, in addition, are found several large cutaneous veins. Has no pain in the head, but towards night feels dizzy and confused; has a cough, with tough expectoration, dyspnœa, and palpitation, particularly on motion, although not occurring in paroxysms; sensation of a weight on the shoulders; some fulness is perceptible in the right hypogastrium, which is painful on pressure; appetite good; slight thirst; bowels open from medicine; urine scanty, acid, but not albuminous. As long as he can remember he has had cough, with dyspnœa and palpitation; he has lived intemperately, and been much exposed to wet and cold; has felt less vigorous during the past spring. Three weeks ago he first observed his face purple and swollen; for a few days previous he had pains in the neck and shoulders, which ceased on the appearance of the swelling; the integuments of the chest then became œdematous, and a week after the arm was similarly affected; leeches were applied to the axilla, and he has taken elaterium and diuretics with relief. Has become feeble, and his legs have wasted since his illness.

Auscultation.—The heart is heard over a greater extent than natural above the right mamma, without excess of impulse; there is a distinct bruissement opposite the origin of the aorta, which is still more evident at the top of the sternum, and beneath the right clavicle; the sound is like the vibration of a string, and is heard, though in a less degree, over the right carotid; some crepitation on both sides of the chest behind, heard most distinctly at the upper part; slight rhonchus. One scruple of *nitrate of potass* in *peppermint water*; *cupping* beneath the shoulder blade to eight ounces.

11. Feels relieved from the cupping; has less weight and stiffness about the shoulders; omit the nitrate of potass. The *compound elaterium pill* is ordered.

13. Was purged by the pills and vomited; has rather less swelling about the neck.

Auscultation.—Some perceptible impulse to the touch between the right clavicle and mamma; chest dull on percussion beneath the right, and sonorous beneath the left, clavicles. Saline effervescing draughts.

17. Had great difficulty of breathing last night; was confused in his answers; the face and neck, and particularly the eyelids, are more swollen; cough troublesome, with want of power to expectorate; pulse 100, and rather hard. Twelve leeches beneath the right clavicle.

19. The breathing was much relieved by the leeches, but was again difficult towards night; œdema has extended to the scrotum and ancles. Twelve leeches.

22. Breathing again oppressed at night, with some delirium; expectoration tinged with blood. Repeat the leeches.

25. Was again relieved by the leeches. Complains of stupor and want of consci-

ousness, with tightness around the throat, and wheezing respiration.

Cupping to six ounces, behind the ears. *Peppermint-water* with one drachm of *spirit of juniper*, and half a drachm of *tincture of scilla* three times a day.

29. Œdema extended to the left arm; no other change.

Omit the perpermint-water. Ordered *compound decoction of juniper*.

August 1. Countenance swollen, from œdema, to an intense degree; eyelids puffed and semi-transparent; the margin of the temporal fossa is marked by a ridge of elevated skin; breathing much oppressed. *Cupping* beneath the clavicle to eight ounces.

4. During the last three days the delirium has been almost constant; had to-day a severe fit of dyspnœa, followed by profuse perspiration; marked subsidence of the tumefaction over the temples and of the eyelids. Gradually sunk, and died in the evening soon after eight o'clock.

Autopsy twelve hours after Death.

The pleura was adherent to the ribs in both sides. Corresponding to the three upper ribs, on the right side, was a tumour as large as the fist, connected with the lungs on either side, and with the vena cava, which was behind it, on the right. This was an aneurism of the aorta, commencing gradually with the pericardium, and terminating a little before the origin of the innominata; it contained coagulated blood, without any separation of fibrin or deposition of layers. The aneurismal sac was divided into two parts, by a ridge, which gave the artery the appearance of terminating at that line; the internal lining, however, seemed to be continuous over it; yet from the friable state in which it was, it could not be raised or reflected. The right side of the artery was principally affected. The vena cava superior contained a coagulum of blood; and about two inches above its entrance into the auricle was found a round opening, communicating with the aneurismal sac, rather less in size than a sixpence; the edges of this aperture were smooth; the sac was thin at this part, and a little below the opening it was semi-transparent. The heart was large, from dilatation of the ventricles, with no increase in the thickness of its walls; the valves were in their natural state. The lung crepitated on pressure in every part; the pleura on the lower half of the right side, and that corresponding to the diaphragm, was thickened to the extent of a quarter of an inch, and was composed of five layers indicated by white striæ. The liver was firm and rather small; the kidneys and other viscera were healthy.

This examination excited great interest amongst the professors and other medical gentlemen who witnessed it. Although aneurisms of the arch of the aorta are known to terminate by bursting into the cavity of the chest, or into the pericardium, and sometimes by effusion into the trachea or bronchiæ, or even into the œsophagus; and there have been instances where the aneurismal tumour, having become attached to the pulmonary artery or the right auricle, death has ensued from a communication between them. Yet the appearances in this case presented a novelty in aneurismal varices, which was acknowledged by Mr. Langstaff and several other morbid anatomists, to be heretofore unprecedented in their pathological investigations.

FRACAS IN THE WARDS.

To the Editor of THE LANCET.

SIR,—I wish to correct a misstatement, which first appeared in the *Morning Herald* about a week since, concerning a "set-to," as it was *wittily* called, between two medical pupils of St. Bartholomew's Hospital, tending by the false colouring it gave to the transaction, and its despicable attempt at satire, to bring discredit on the pupils of that establishment, and disgrace on two gentlemen highly respected by their fellow students. The facts were simply these:—In going round the wards, a misunderstanding arose between two of Mr. Vincent's dressers, concerning the right of prescribing for one of the patients. High words were exchanged, one struck the other a blow, and a scuffle ensued. Mr. Vincent was at the other end of the ward, and before he could get to them, a fellow dresser had *already* parted the disputants, who both expressed much regret that anything of the sort had occurred. I am sure half-a-dozen blows had not been exchanged, nor could a minute have elapsed from the commencement to the termination of the affray. Any one possessing the feelings of a man can easily understand how two gentlemen, in the height of passion, might so far forget themselves as to exchange blows, even in the wards of a hospital, and the same feeling would incline him to pardon them as quickly as they were brought to a recollection of their situation; but it is not so easy to understand how any man (for I presume the writer to be a man, though the signature, φιλη, would lead one to suppose otherwise) could retire to his closet and

deliberately write an account of the transaction so utterly devoid of truth, except for the purpose of gratifying a vanity so frequently the companion of ignorance,—that of seeing himself in print. This kind and candid friend, so anxious for the good conduct of the pupils of St. Bartholomew's, asks too, "Ought such things to be allowed in the wards of an hospital?" Had he been actuated by the desire alone of correcting abuse, would he have sent forth a false account of the affair to the non-medical public? Would he not rather have sent a simple statement to some medical periodical interested in the correction of abuse? But no; such a proceeding would not have given him scope for the display of his wit, satire, and profound classical knowledge. He concludes his paragraph with supposing the affair would terminate in a duel, if it had not already done so. What motive had this worthy advocate of propriety in thus concluding his scandalous paragraph? Was it to incite the parties to such a breach of the laws, both of God and man, or was it an attempt worthy an anonymous slanderer, to cast a doubt on their courage? If the latter, let him come forward, and avow himself, and I will prove him both fool and liar.

VERITAS. (Authenticated.)

Aug. 12th.

WESTMINSTER HOSPITAL.

THE HARLEY-STREET SLAUGHTERER.

TUESDAY, July 23, 1833. In the course of the perambulation through the wards this morning, the indignation of Sir ANTHONY CARLISLE was warmly excited, by being told that JOHN LONG had quoted him in the preface to his book, and ascribed to him the saying, that "*medicine was a science founded on conjecture and improved by murder.*" "Now," said Sir ANTHONY, "it was only the other day that I publicly ascribed the proverb to Dr. Haslam, the rightful parent of it; but I am not surprised; it is not the first lie JOHN LONG has told of me. Two years ago he published a case of a lady "cured" by his magic art, and whose bones I was represented to say were rotten. This was utterly false. The lady alluded to was the daughter of a friend of mine, at whose request I saw her, and the wife of a General S. When I was admitted to this lady, I found her (and a very vivacious person she was) in bed at one o'clock in the afternoon. She was, as far as I could discover, as well in health as any woman in the world, and quite ridiculed her father's fears, who, she said, apprehended her falling into a consumption. She then asked me if I had any objection to her drinking a bottle of claret a day, as she could not do with less. I replied, that I was not a judge of the effect of wine drunk by bottles. Finding nothing to ail her, I made my bow and retired. Yet this was the case blazed abroad as a miracle of cure. It is a singular fact that impostors often exercise as much labour and ingenuity in deluding the public as would suffice for the acquirement of the art which they counterfeit. Great and continual success in any undertaking, whether laudable or for imposture, implies the possession of a certain degree of talent. Now this JOHN LONG is a devilish artful fellow, and bamboozles the people in fine style. The theorem which he pilfered, and promulgated as his own, is as old as Methuselah, and he has had the boldness to claim even a greater antiquity for it. A friend of mine, a *saint* of a deep dye, was induced to consult this quack or magician. LONG knew his man, and immediately assumed the proper longitude of feature. He listened attentively to the story of his client, and in an appropriate tone replied, 'My dear Sir, you will be surprised perhaps to hear, that I have acquired my knowledge by perusing the Scriptures. It is by contemplating the consequences of the original fall of man that I was led to make the important discovery which I have done, and it is only by constant prayer that I have been able to fructify it. Sir, I have discovered the nature of original sin, it was first infused into the human constitution when Adam fell. This original sin is of the nature of an acid, and the tendency of my method is to attract it to the surface, and alienate it from the system. To satisfy you on this point, I will take you into the next room, where you shall taste it.' LONG accordingly took my too-credulous friend into an adjoining apartment, where he gave him some nitro-muriatic acid to taste, the liquid which LONG was in the habit of using to excite counter-irritation. This was too much even for the Boa-Constrictor credulity of a saint."

Sir ANTHONY, having examined some cases of cutaneous disease, departed, and left the pupils at liberty to proceed to the operation theatre, where Mr. GUTHRIE was to amputate a scirrhous breast.

AMPUTATION OF A BREAST; IRRITATIVE FEVER; DEATH; SILENCE.

Mrs. Sarah Tuck, 47 years of age, travelled from Cambridge to London, and came to the hospital this morning for the

purpose of placing herself under Mr. G., and having the right mamma immediately amputated. She is very corpulent, and has had one child. The catamenia have not yet ceased, and they are pretty regular in quality, quantity, and occurrence. The mamma became affected about eight months ago. The carcinomatous tumour had now acquired its characteristic hardness; it was adherent to the subjacent pectoral muscle, and extended irregularly, or, rather lobularly, into the surrounding adipose substance, contaminating its nature. Some of the glands in the axilla were a little enlarged. There was pain of a lancinatory kind in the tumour, and the nipple was retracted in the manner characterising scirrhus. She was placed on a chair, and held back by the assistant Levites. The operator inflicted the two customary elliptic incisions, and with ease dissected out the tumour. This process lasted for half an hour. Mr. GUTHRIE was compelled to excise afterwards several portions of fat of suspicious consistency, as well as a thick slice of the pectoral muscle, including the margin impending over the axilla, and also a few of the axillary glands. Having removed every vitiated particle, Mr. GUTHRIE passed a single ligature through the lips of the wound, observing, "I never have secondary hemorrhage after amputation of the breast; most other surgeons invariably do. At least, I have not had such an occurrence for many years. Now for the "why"; you shall have it. It is in the mode of my dressing the wound. I never use bandages; other surgeons do, and they always have bleeding. Bandages are bad things at first, they heat the parts, and make unequal pressure. My way is to put the patient in a bed, and make two elèves press with their hands for about four hours. One hand is laid on the upper lip, and another on the lower, thus equable compression is produced." Several arteries were secured after this, and strapping was applied in a manner to effect *pressure* above and below the wound, and to keep its lips in contact. The patient was placed in a bed in Ann's ward, and two pupils desired to sit by her side, to lay a regulated stress on the flaps.

27. To-day, Mrs. Tuck exhibited signs of considerable fever. The pulse was hard and wiry, 102; tongue furred; skin hot and dry. She was exceedingly restless. On the preceding night a hemorrhage took place in the axilla, and nearly a pint of blood was lost. Mr. GUTHRIE ascribed this bleeding to the febrile excitement. She was ordered to be phlebotomized to 16 oz., and to be subjected to strict antiphlogistic treatment. The wound was not disturbed, but if the hemorrhage took place again, the vessel was to be searched for by Mr. HERBERT FINCH, and tied. Mr. GUTHRIE said, that sometimes very contemptible cutaneous vessels were troublesome. In one instance that happened in his practice, a lady had lost a quart of blood from a very small superficial vessel, which appeared, when found out, too unimportant to be tied, but for the occurrence of the hemorrage.

30. The fever increased; a pain was felt in the left hip. The pulse became intermitting, quick, and irritable, and about 120 a minute. She was bled to 16 oz. last night, by the already noticed order of Mr. GUTHRIE, and the blood was buffed and cupped. After that the pulse became more steady, but remained as frequent as ever. Great restlessness came on, but no pain was experienced in the breast, or adjacent thorax or axilla. The tongue was furred, and the irritative fever was aggravated hourly. The patient was of a restless temper, and had since the operation injudiciously been permitted to have an unceasing round of visitors, with whom she was continually talking. She expired this morning at eight o'clock.

On looking at the corpse after death, an immense accumulation of fat was observed. Not the slightest attempt at reparation had been set up in the wound, which looked as if it had been inflicted since death. There was no adhesion, nor any secretion of lymph. The pupils of the eyes were unusually expanded. The post-mortem scrutiny is to take place in the presence of Mr. GUTHRIE, who promised to give a clinical lecture on the occasion.

Mr. FINCH observed that there had been a temporary erythematous blush over a large surface of integument adjoining the wound, but it disappeared at the death of the patient, and left no traces of its existence.

July 27. A considerable number of pupils and medical visitors attended to-day, in consequence of the reported promise of Mr. GUTHRIE to deliver a clinical lecture on the above case, and on certain cases of tumor penitentiæ; and of varicose veins, in which the tincture of iodine had been successfully used as a topical remedy. The assembly were disappointed, however, no lecture being delivered; so in lieu thereof they followed in Mr. GUTHRIE's wake round the wards.

VARICOCELE AND PARAPLEGIA; ABSORPTION OF TESTICLE.

In John Ward, James Madden attracted the notice of the surgeon and his attend-

ants. The man was admitted on the plea of diseased bladder; and on being stripped for examination, it became evident, from the pendulous scrotum and other signs, that he was the subject of varicocele. Mr. GUTHRIE, in instructing his *alumni*, adopts the "Socratic method," as being the most likely to arrest the attention and impress the memory of the juvenile student; and he often succeeds in eliciting all the symptoms and causes, and even the diagnosis of a disease, from the answers of the young respondents. On this occasion much intelligence was exhibited. The sum and substance of the information acquired was the following:—

James Madden, ætat. 28, who has been chiefly occupied as a waiter, was admitted July 23rd. He is of middle stature, of good muscular development, and much inclined to obesity. When his trousers were lowered, the left testicle was exceedingly pendulous, and the whole scrotum relaxed and elongated. The spermatic veins of both sides were enlarged; and felt, in their scrotal covering, like a bag of earthworms. The right testicle was almost entirely absorbed, being about the size of a wren's egg. The left testicle was softer than usual, but not materially diminished in size. When he stood he was obliged to place his legs considerably apart; and he walked unsteadily. He cannot hold his urine; and makes water, by his own account, as often as 150 times within the 24 hours. Neither can he retain his feces any considerable time. He often feels an inclination to visit the closet, but has no power of dejection when he gets there. The upper extremities, and the upper half of the body, are not at all impaired. He states, that about fifteen years ago he received a blow on the right testicle; inflammation followed, and continued a long while, but was ultimately subdued. Since that time the testicle has gradually diminished in size. He has been a free liver, has never stinted himself in drinking, and has been pretty much addicted to venery. He has had several attacks of syphilis and gonorrhea, to which his constitution appears very susceptible. His urine is of high colour, and gives out a strong ammoniacal odour; and there is a copious discharge of mucus from the bladder. The tongue is clean; bowels open; pulse 80, soft; respiration natural. His memory and power of association are impaired. Mr. GUTHRIE ordered him, for the present, to be treated with gentle aperients and low diet, and the moxa to be applied to the lower part of the vertebral column.

EXTRA-CAPSULAR FRACTURE OF CERVIX FEMORIS, CURED, WITHOUT SHORTENING, BY MEANS OF AMESBURY'S APPARATUS.

William Ball, ætat. 62, admitted into Percy Ward, 21st April, 1833, under Mr. GUTHRIE. Whilst walking in the street a short time before admission, he was pushed aside and fell on the curb-stone, striking the left hip against the ground. He immediately experienced loss of power over the whole limb. He was conveyed to the hospital and examined. There was shortening of the limb to the extent of an inch and a half. The foot was everted, and the heel applied to the toe of the opposite limb. There was no power of rotation, and a crepitus was evident at the upper part of the thigh, evincing a fracture through the trochanters.

Considerable swelling and pain ensued in the neighbouring soft parts. Cold lotions were continuously applied. On the 27th of April, the tumefaction being diminished, he was placed in Mr. Amesbury's fracture-bed.

May 6. A flannel-roller was applied round the abdomen and secured to the bed. The limb was drawn down, and fixed to the bottom of the bed by a double-headed roller, applied round the ancle, and fastened to the frame-work.

8. Mr. AMESBURY attended and explained the right manner of using his apparatus. "The patient," he observed, "should be secured by a girth round his body. The ancle and foot should be fastened by bandage to the foot of the bed in box. The affected limb is then to be lengthened to the measure of the sound one. After this, the patient will be comfortable." A long splint was applied outside of the thigh.

25. Mr. AMESBURY attended again. The broken limb was found half an inch shorter than the other; the lower part of the bed was placed more at an angle, and extension and counter-extension were employed; the limb was barely a quarter of an inch shorter.

May 20. The limb was gradually lengthened until it was equal to the sound one, and there fixed by means of Amesbury's bed, till union should take place. This has now evidently taken place, for the limb retains its length when removed from the apparatus.

June 1. The patient is discharged perfectly well, and free from any degree of lameness.

ST. GEORGE'S HOSPITAL.

DISLOCATED FEMUR, WITH SUPPOSED FRACTURE OF THE ACETABULUM; UNREDUCED.

A MAN was brought to the hospital on the 18th, with dislocation of the femur, and Mr. BRODIE (whose accident-week it was) being in the hospital at the time, visited him with the other surgeons immediately. The man's account of his case threw but little light on the injury. The accident happened about twelve weeks since, and soon after its occurrence the man was taken to a surgeon's, where extension was made for six hours, at the end of which time, on some slight motion of the limb being made, the bone, he said, slipt into its socket with an audible snap. This can, however, hardly be correct, as a few hours afterwards, on examining the limb, the bone was again found dislocated. A second effort was made by another surgeon to reduce the limb without success. After this the man sought no further advice until he was brought to the hospital. Upon examining the limb, the dislocation was found to be upwards, and the head of the bone could be plainly felt on the dorsum of the ilium; but there was more mobility about the limb than is usual in such cases. It could be rotated and moved freely. The opinion of the surgeons present was, that, conjoined with the dislocation, there was fracture of the acetabulum or some of the adjacent bones.

20. The man was brought into the board-room, where every preparation had been made for the reduction. He had been previously in the warm-bath. Extension was made for half an hour, and as the limb was rotated by the surgeon, the head of the bone was raised by an assistant. While the extension was going on, the bone could be felt descending down to the rim of the acetabulum, but could be moved no further. Every means was used to restore it to its socket, but they failed. and the man was sent back to his bed. Mr. BRODIE remarked, that from the length of time which had elapsed since the receipt of the injury, but little hope could be entertained of reducing the dislocation. He believed that in Sir Astley Cooper's book, seven, eight, or nine weeks were the longest periods named at which it was probable a dislocation might be reduced. Here, however, the injury had happened for twelve weeks. The symptoms were such as characterized dislocation on the dorsum of the ilium. The knee was thrown forwards; the toes were turned inwards; the heel was elevated about three inches from the ground, and the circumstance of the bone not descending into the cavity of the acetabulum rather strengthened the opinion he had formed of the case, that with the dislocation there was fracture of the acetabulum or some neighbouring bone. Mr. BRODIE added, that he did not think it advisable to persevere any further in attempting to reduce the dislocation. The man would have the use of the joint, be able to walk freely, and be much better off than a patient who had fracture of the neck of the femur.

SCROTAL DISEASE.—J. Russell was admitted June 26th, as an out-patient, under the care of Mr. HAWKINS, having had for two years past a thickening of the tunics of the scrotum. He knew of no cause for its appearance except hot weather and unusual fatigue. The skin and cellular substance of the penis likewise seemed thickened, and there was some slight redness in the groins and above the pubes, with occasional pain and tenderness in those parts, and increased heaviness of the scrotum and penis. Mr. HAWKINS considered it to be a case of infiltration or deposition of lymph in the texture of the scrotum. He did not, he said, believe that there was fluid effused. The testicle itself was quite sound, and could be felt at the upper part of the scrotum. Mr. HAWKINS remarked, that such cases in warm countries sometimes attained the weight of 100lbs.*

The patient was ordered to bathe the part with a solution of muriate of ammonia, and to take some bitter tonic internally.

July 9. Much the same. Perstet.

23. Tumour rather painful and very red. Ordered to continue the lotion, composed of *Murias ammoniæ* ʒij; *aq. distillat* ʒxvj; and to take a powder of *calomel* and *jalap* at night. Mr. HAWKINS has another patient in the hospital with the same disease in the leg, giving it the appearance of elephantiasis. It is being treated with great advantage by bandaging; a method which is of course impracticable in the scrotum case.

FUNGOUS TUMOURS ON THE OS CALCIS, &c.—There is a patient at present in the hospital, under the care of Mr. BABINGTON, with a large fungous growth over the posterior surface of the os calcis. It was originally a slight sore, caused by a blow from some sharp instrument, which healed, and on the man's using extra-exertion, it again broke out, when he went to the Middlesex Hospital, and was placed

* In the *Ephemerides Germ.* a case is recorded in which the tumour weighed 200 lbs.

under the care of the late Mr. Joberns, who pronounced the tendo-achillis to be "gone to the devil." No beneficial result of any consequence was obtained for him there, and he came to St. George's. On examination, three distinct fungous tumours were discovered growing over the os calcis and neighbouring parts, and on introducing a probe, dead bone was felt beneath. The fibula was likewise enlarged the whole of its inferior half. Nothing could be done for such a malignant growth, and on the 25th, Mr. Babington amputated the limb below the knee. The operation was performed well, but great difficulty was experienced in securing the arteries. Their coats were very brittle, so that the small ligatures cut through them, and it was only by drawing them out and then tying them with a strong broad ligature, that they were secured. With some of the vessels, Mr. Babington and Mr. Keate had to use a curved needle, and include a great portion of muscle as a cushion for the ligatured artery. The muscle and cellular membrane were in a morbid state of softening.

Wound of the Elbow.—A man named Hams was admitted with a wound of the elbow-joint, under the care of Mr. Brodie. The part was very much swelled, and a poultice was placed over it, and the arm suspended in a sling. The bowels were kept open by *haustus sennæ*, and the man did remarkably well. Mr. Brodie, on visiting him (July 26), remarked that he supposed him to be now out of danger, and that there were many cases of inflammation of the synovial membrane which did not go on to suppuration. He had known cases in which, from an injury to the joint, the synovial fluid had escaped for upwards of three weeks, and yet the patient got well without any ulterior bad consequences.

Ganglions of Tendinous Sheaths.—A man was admitted (July 25) having a ganglion on the inside of the right knee. Mr. Brodie punctured it with a needle, and let out some fluid (yellow) of the consistence of the vitreous humour. Mr. Brodie remarked, that ganglions were frequently met with among the tendinous sheaths, but as far as his experience went, they were never met with among tendons elsewhere situated. He was once dissecting a hip-joint, and found a ganglion attached to the capsular ligament of the joint. Such ganglia are very frequently met with in young women, who have them about the wrist, and disperse them by giving them a smart blow with a book, when they break, and the fluid they contain is dispersed in the cellular membrane, and becomes absorbed, and then in the course of time re-collects. The best way to disperse them is to puncture them and let out the fluid, and after doing this two or three times, it will not collect again. If this, however, do not succeed, the ganglion may be laid open and the wound dressed to the bottom, the cavity filling up with granulations. Sir Astley Cooper follows this latter plan.

Iodine in Diseased Prostate Gland.—Mr. Keate has a patient in the hospital who has had one or two severe attacks of chronic inflammation of the bladder, in which the prostate has participated. The patient was unable for some weeks to void his urine, and had it always drawn off by the catheter. Mr. Keate used the iodine as a suppository.

Tumour.—There is a woman under Mr. Brodie's care with a tumour or thickening of the left sterno-cleido-mastoideus muscle. It came on, as she says, *suddenly*, without giving her any particular pain or uneasiness, with the exception of a little difficulty in swallowing. Motion of her neck, either to one side or the other, causes no pain, nor does manipulation. She has been purged freely, and the tumour freely blooded by leeches, from which she has experienced great relief.

Rheumatic Affection of the Knee-Joint.

Mr. Cæsar Hawkins. "There are some cases, Gentlemen, of rheumatic affection of the knee-joint, which have been in the hospital under the care of my colleagues (the late Mr. Rose, Mr. Keate, and Dr. Wilson), and one I have under my care at present. These cases are different from affections of the synovial membrane of the joint; and I believe they begin in the periosteum, near the condyles of the femur, and thence pass on to the joint itself. These cases occur in persons who have been previously suffering severely from rheumatism, and I have remarked the following symptoms as characteristic of them;—1st. Very acute tenderness of the skin; the patients cannot bear to have the skin touched, resembling hysteria in this respect. Moving the toes, or jogging the bed on which they lie, gives them the most acute pain. 2nd. A pale white glossy appearance of the skin. 3rd. The swelling, which differs from that of simple synovial inflammation, the latter extending around the joint only, whereas this extends around the lower part of the thigh and the upper part of the leg, and

pits on pressure, and you can feel a sensation of crackling beneath your finger. These cases, if unattended to, extend to the joint, and ulceration of the cartilages comes on. In their treatment you may rely (as far as the experience of the five or six cases we have had in the hospital allows) upon *calomel* and *opium*, when the constitution will permit it, combined with local depletion when that is required. The progress which these cases make towards recovery, whilst under *colchicum* and local remedies, is very slow when compared with the benefit that results from their treatment with *calomel* and *opium*. Two grains of the former combined with half a grain of the latter, with a little *antimonial powder* as occasion may require, every five or six hours, is the dose I usually administer. This I would recommend you to adopt in the inflammatory stage, but where you fear that ulceration has commenced, small issues may be inserted over the inner condyle of the femur with advantage, and you will thus give your patient the chance of recovery without an anchylosed joint."

Reabsorption of Effused Blood.—Mr. Hawkins remarked that blood, in becoming reabsorbed, presented many strange varieties of colour under the skin. Red, black, green, and yellow, were generally the most predominant colours. He remarked, that he once knew a gentleman who had a hydrocele, who ruptured a bloodvessel in the neighbourhood, and hematocele was the consequence. A large quantity of blood was effused under the skin, extending *above* to a line even with the umbilicus, and *below* to the knees. In this case the remarkable changes in the reabsorbing blood were very evident. Mr. Hawkins said that these phenomena had frequently led medical men into the error of supposing them to be symptoms of serious disorganization.

Strictures.—Mr. Hawkins. There are no cases which reflect greater credit on the surgeon than the cure of stricture, and it requires no little practice or experience to manage such cases properly. In the early treatment of stricture, it is not always easy to discover whether in passing a bougie, it gives way before the stricture, or the stricture gives way before the bougie. With regard to Mr. Stafford's plan of stiletted catheters, I have not had much experience of their utility. The one which cuts at the point I confess I think dangerous. You are, comparatively speaking, puncturing in the dark, and how often with a blunt-pointed bougie, when much force is used, is a false passage made!" Speaking of flexible leaden bougies, Mr. Brodie remarks that they are very dangerous, instruments especially, if allowed to *remain* in the urethra for the cure of stricture, as the patient is apt to twist them backwards and forwards, by which they are frequently broken in the bladder, when, to extricate them, an operation, as for stone, becomes necessary. Mr. Brodie had heard of many such cases, but never had one under his own care.

Dozen-Toed Child.—A poor country woman came to the hospital a few days since with her child (seven months old), having six toes on each foot, each toe having its own supporting metatarsal bone. The child was born with six fingers on each hand. The sixth finger on the left hand being however broken, was taken off; that on the right still remains; it has three distinct phalanges, and is attached laterally by a joint to the fourth metacarpal bone.

LONDON HOSPITAL.

DISLOCATION OF THE JAW.

Mary Sharp, ætat. 30, residing in Globefields, while yawning, two years since, accidentally dislocated her jaw. She applied to Mr. Searle, a neighbouring surgeon, who reduced it, but not without some little difficulty. She has dislocated it four times since, and always had it reduced at this hospital. She applied this morning (22nd of July) with it displaced, when the house-surgeon replaced it for her. She returned about twelve o'clock, with it again luxated. It was attempted to be reduced, but without success. Various means were employed, but without avail. Mr. Adams was sent for, who endeavoured, by every effort, to obtain a reduction. The jaw, however, remained immoveable in its new situation, but while Mr. Adams was remarking to the gentlemen present, that the reduction must be effected in some manner or other, the jaw was replaced by the sudden and involuntary action of the muscles.

Does not the direction in which this action must have occurred point out to the operators the means which should be adopted in the reduction of dislocations of a similar description?

FRACTURE OF THE PATELLA BY THE ACTION OF THE EXTENSOR MUSCLES.

William Able, aged 30, labourer, was admitted July 28th, into Mellish's ward, under the care of Sir William Blizard,

with transverse fracture of the patella, which could be distinctly traced to the action of the muscles, as the patient did not fall in a manner to injure the knee. The accident occurred thus: the man was walking on the edge of the pavement in the city, and slipped off. Endeavouring to save himself, his whole weight was thrown on his right leg. "He heard something snap," at the same time falling on his back. The limb was placed on an inclined plane, the two pieces of the patella being in accurate contact. To be kept constantly wet with the sour wash. No bandage.

August 5. Going on remarkably well; does not complain of the least pain; bowels regular.

PHAGEDENIC ULCERATION.

James Paling, labourer, aged 32, was admitted into Mellish's ward on the 18th of July, under the care of Mr. J. Scott. About ten years ago he had several small chancres on the penis, and a large bubo on the left side. Since that period he says he has been more "fortunate," having had gonorrhœa only three or four more times. Two months since, he observed several hard lumps, each of about the size of a pea, situated on different parts of the body, and which gradually enlarged and ulcerated, and discharged a small quantity of matter. At the present time there are several unhealthy-looking ulcers, with irregular edges, burrowing a great distance under the integuments. He is ordered full diet and a pint of porter daily, with one drachm of the *extract of sarsaparilla* three times a day. Mr. Scott is afraid he shall not be able to treat the case successfully without employing local as well as constitutional measures. He would, however, he said, give the sarsaparilla a trial previous to having recourse to any local application.

22. The same in every respect. A piece of strapping applied over each ulcer. Continue the extract and porter.

25. The ulceration does not appear to be arrested in the slightest degree. Mr. Scott ordered the *undiluted nitric acid* to be applied with a pen carefully over the whole extent of the ulcer, to be accomplished by passing the end of the pen underneath the skin. Continue as before.

28. The ulcers seem improved. The nitric acid was not applied, it having been forgotten by the dresser. Mr. Scott said he was almost glad it had been omitted, as the ulcers had assumed so healthy an appearance. Appetite good; bowels regular. Continue as before.

31. Better. Repeat extract and porter.

Aug. 7. Complains of great pain at the lower part of the abdomen; bowels confined; to take one ounce and a half of *castor oil* and ten drops of the *tinc. of opium* directly.

8. Pain not at all relieved; bowels not acted on; tongue furred; pulse rather full and hard; skin hot. *Calomel* and *jalap* twenty grains immediately. Ulcers still continue to improve.

9. Bowels freely opened; tongue clean; pulse soft; skin moist. There is inflammation proceeding from one of the ulcers which is situated on the inner side of the knee, extending up the thigh. To have three *leeches* applied every day. The sarsaparilla, with porter and full diet, continued.

13. The inflammation is entirely arrested; the ulcers are nearly healed. His general health is much improved. Continue the medicine.

PRIZE DRESSERSHIPS—UNJUST DECISION—NON-MEMBERS OF THE COLLEGE OF SURGEONS—SCHOOL OF MEDICINE—MR. ANDREWS.

To the Editor of THE LANCET.

Sir,—The gratuitous dresserships of the London Hospital for two years have been awarded to the following gentlemen belonging to the class, and all apprentices to collegiate surgeons, viz.—

Mr. S. K. Ellison.
W. Story.
T. A. Sherwell.

During the examination of the different candidates before the committee, Sir W. Blizard told one pupil that he was not eligible, because his (the pupil's) father, to whom the pupil is apprenticed, is not a member of the College. This has given rise to much discussion amongst the pupils, as well as the medical men residing near the hospital; and it is currently reported, that the Council of the College will shortly refuse certificates of apprenticeship from every non-collegiate practitioner.* Should this really be the case, it would be felt most severely; for I am told by a gentleman who has resided in this part all his life, that if a circle of two miles from the hospital be taken, it will be found that the non-members are *as three to two*. Several have neither attended lectures nor hospital practice, yet most of them have one or more apprentices.

* The Council have never yet demanded "certificates of apprenticeship" from any candidate.—Ed. L.

Although far from concurring in the opinion of Sir William, that every person so situated ought to be treated as a quack, and without, in any way, sanctioning his conduct to the individual alluded to, still I must be permitted to say, that limited as are the privileges of the Royal College of Surgeons in London, and great as is the number of uneducated men with whom they have to compete, I think that some regulation of this sort has been long called for, as it is neither reasonable nor just that the certificate of a man who has never attended a lecture, should have the same weight with that of the duly-qualified member; and I feel convinced, that if such a law were enforced, it would prove equally advantageous to the members and the College itself, as it would render it incumbent on every one to pass.

But to return to the subject. These gratuitous dresserships reflect great credit on the surgeons of this establishment, and I trust the medical officers of other hospitals will, ere long, follow their example. They are infinitely superior to the plan of giving medals or books, as they offer to the attentive and industrious student the best means of acquiring a complete and practical acquaintance with his profession.

The situation of this hospital—its vicinity to the river and docks where accidents so frequently occur, the dense and increasing population of the surrounding districts, its great extent, the nearness of its theatre, museum, and dissecting-rooms (the latter being unquestionably the best in London, and always, before the Anatomy Bill passed, well supplied with subjects), qualify it to become one of the best schools of practical medicine and surgery in the metropolis, and I am well convinced it only requires *union*, and the combined and mutual efforts of its officers and professors, to render it so.

During the last twelve months, several letters have appeared in THE LANCET under the signature of "Junius," reflecting in particular upon Mr. Andrews, one of the principal surgeons of the institution, and generally upon all the senior medical officers. I read those letters with regret, and I am sure if the individual who wrote them had made the least inquiry, he would have found that instead of Mr. Andrews deserving censure, he merited the warmest encomiums. I state, without the slightest fear of contradiction, and from ten years' personal observation, that Mr. Andrews has always been one of the best friends the pupils of this hospital have had. Why then is there so much opposition to him? I am compelled to say that it is because he has strenuously exerted himself to lessen the hospital and lecture fees, but always opposed the system which has here been carried on for years, viz. that of extracting from the pupils' pockets four guineas for a subject which has cost but half-a-crown. It is this which has given so much offence to "Junius." You, Sir, have stated, in one of your numbers, that this conduct "did credit to Mr. Andrews's head and heart as an English medical gentleman," and I therefore leave the subject in your hands. I have the honour to be, Sir, yours very faithfully,

JOHN BIRTWISTLE, Surg.

Mile End Road, London,
Aug. 1833.

INSULT TO THE HOSPITAL GOVERNORS.

To the Editor of THE LANCET.

SIR,—Can any of your correspondents, who is better acquainted with the rules of the London Hospital than I am, inform me through THE LANCET, by what authority the porter, with gold-lace hat, at the gate, demands to know the business of such governors as may go there; for if any of the committee permit themselves to give this authority to the man, I would recommend, in future, that charitably-disposed persons keep their thirty guineas in their pockets, instead of subscribing as governors to an institution where its supporters are thus insulted.

I am, Sir, yours, &c.
M. R. D.,*
A Governor.

10th August, 1833.

* My name and address may be given if demanded.

FORGED SIGNATURE.

To the Editor of THE LANCET.

SIR,—I beg through the medium of your journal to deny having written the infamous letter you lately received bearing my signature. The person or persons who concocted it, thought it would be the means of directing THE LANCET against me, and thereby injure me in my private practice. Any information I can obtain respecting the letter shall be directly sent to your office. I am, Sir, yours most respectfully,

JARRETT DASHWOOD.

85, High-street, Borough,
August 10th, 1833.

*** This disclaimer of Mr. Dashwood is perfectly satisfactory. The forged document could only have been written by a fool and a coward.—ED. L.

UNIVERSITY OF LONDON.

ITS NAME.—POWER TO CONFER DEGREES.

To the Editor of THE LANCET.

SIR,—In No. 518 of your journal, you object to the title University as applied to the "Literary and scientific establishment in Gower-street," but permit me to submit with great deference to your criticisms in general, that I do not think you happy in your definition of the term "University" as derived from the plurality of colleges embraced by it.

The foundation of universities was prior to that of colleges, the former being schools in which certain branches of knowledge were taught, the lattter founded by pious and charitable persons for the lodging and maintenance of poor students attending the university, in an age where such accommodations could with difficulty be procured. The colleges had no part in prescribing the course of education, any farther than that superintendents were appointed to enforce a proper attention to study and the duties of religion.

At a future period tutors were appointed in the colleges to superintend the studies of those students, who from their tender years were incapable of attending to the prelections of the university professors with profit, and it is by subsequent corruptions that those tutors have engrossed almost the entire function of instructors, and converted the university professorships into sinecures.

The colleges then were originally nothing more than lodging-houses attached to the university. Whence then the objection to University of London, of Edinburgh, or of any other place? London College, or University College, would be as great a misnomer as King's College, Somerset-House.

Although I am personally interested in the welfare of the London University, and should be a gainer in the event of its obtaining the privilege of granting degrees in Medicine, I have all along concurred in the view taken by yourself. There are two ways in which the present system of conferring degrees can be remedied; the one by placing similar powers in other institutions, and thus destroying a monopoly (but this system could only be embraced in the event of our not being able to procure a better); the other and only plan likely to prove beneficial in the end is, by depriving all the Universities without exception of such privileges, and to repose them in a senate chosen by the members of the profession from among themselves; and now that the subject of medical reform is agitating, and a prospect of obtaining such a *regime* probable, the Council and Professors of the London University, by urging it upon the attention of Parliament, would erect a moral priniciple more beneficial to it than any exclusive privileges. I have the honour to be, Sir, your obedient servant,

UNIVERSITAS.

Aug. 16th, 1833.

MARYLEBONE DISPENSARY, WELBECK STREET.

ON the 8th of August instant, the contest for the appointment of apothecary to the institution was decided in favour of Mr. Edwin Moss. At the close of the poll the numbers were—

	Proxies.	Votes.	Total.
For Mr. Edwin Moss..	110 ..	79 ..	189
For Mr. John Foote ..	46 ..	31 ..	77
Majority for Mr. Moss.....			112

Both the candidates were pupils of the Westminster Hospital, and highly industrious and meritorious students. P.

MR. PHIPOS.

To the Editor of THE LANCET.—Sir,—In page 612 of THE LANCET of the 3rd instant, you say a respectable correspondent wishes to know if "Mr. Phipos, of Hackney-road, served an apprenticeship of five years to an apothecary." I rather suspect your anonymous correspondent to be some meddlesome busy-body that does not deserve the appellation "respectable." I, therefore, inform you, that Mr. Phipos (who is my son-in-law), served an apprenticeship of seven years to an apothecary (with whom I was acquainted), and that with credit to himself and satisfaction to his master, and that I have his indenture in my possession, which you may see at any time if you will favour me with a call at my office. (I enclose my card.) Indeed, if your correspondent is respectable, I shall not refuse to gratify him with a sight of it.

I am, Sir, your obedient humble servant,

THOS. T. STEPHENSON.

Hoxton, 9th August, 1833.

Mr. Thurnam's communication shall have a place in our next.

J. L. According to the present regulations of the two institutions they would not,—but if our correspondent makes it his duty to instruct himself thoroughly, it is probable that before the completion of his education, such a change will be wrought as that his time will not be lost, though spent abroad.

The innumerable letters which we have received will necessarily oblige us to resume the University graduation question on the first opportunity.